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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH County.... Registration Dist. No..... Ilf death occurred in Village or City / Al St.:....Ward) (No..... a hospital or institution. give its NAME instead of street and number.] ² FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 18 DATE OF DEATH 5 SINGLE. 4 COLOR OR RACE MARRIED. WIDOWED, (Month) (Day (Write the word) I HEREBY CERTIFY. That I attanded deceased from 6 DATE OF BIRTH (Month) (Day) if LESS than 7 AGE and that death occurred on the date stated above, at 12 1 day hrs. DEATH* was as follows: OR 7 ds. BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER (Address) 6 a 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death yrs. mos. .. State yrs, ____ Where was disease contracted. 14 THE ABOVE IS TRUE TO THE If not at place of death? Former or (Informant) usual residence BURIAL OR REMOVAL DATE OF BURIAL (Address) 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Leaithful-(a) Spinner, (b) Cotton mill; (a) Salesman, first line will be sufficient, e. g., Statement of occupation-Precise statement of occupa-Never return "Laborer," Farmer or Planter, "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid demumonia,"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc., Carcin-

*Contributory." (Recommendations on statement of ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purrenal scpticharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Collapse." "Coma," "Convultions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Mcastes (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cause of death approved by Committee on Nomencla by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopneumonia (secondary), 10 ds. nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig mere symptoms or terminal conditions, such as "As oma. Surcoma. etc., of The contributory Always qualify all diseases resulting from (secondary or intercurrent) (name origin; "Can State cause for "Exhaustion," Never report Examples:



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See Instructions on back of certificate,

Ocunty Sattimore Village or City Spanovi (No. 1907)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MARRIEG, WIDOWED, ORDIVORCED (Write the word) DATE OF BIRTH LUNE 1908	16 DATE OF DEATH Jet. (Month) (Day (Year) 17 I HEREBY CERTIFY, That I detended deceased from 191 to 191
(Month) (Day (Year) (AGE It LESS than t day,hrs. ORmin.?	and that death occurred on the date stated above, at 3 m, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	Coursing him through the most of the fact and factor, and most of
10 NAME OF SMILL SON	(Signed) (Signed) (Opration) yrs mos ds.
11 BIRTHPLACE OF FATHER (State or country ashing tou 2) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Mary land	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs mos ds. State yrs mos ds Where was disease contracted,
(Interment) Annie D. Muderson	If not at place of death?————————————————————————————————————
Filed Oct. 4th, 1914 P. M. Sormyck M. REGISTRAR	Mt. Carmel Clustary DATE OF BURIAL Mt. Carmel Clustary Och 6th, 1914 20 UNDERTAKERS Lilly & Filer Balts Cut, Balts Cut,

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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should be taken to report specifically the occupations additional line is provided for the latter statement; applies to each and every person, irrespective of age. CAUSING DEATH, state occupation at beginning of illgainfully employed, as At school or At home. Care duties of the household only (not paid Housekcepers mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: been changed or given up on account of the pisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborermaterial worked on may form part of the second Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the Disease causing death—Name, first, the Disease causing defection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," ctc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Mcasics affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canture of the American Mcdical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of (disease causing death), 29 ds.; For vio-



V. S. No. 1.

N. B.—Every liem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

Gounty Baltimore 9660



STATE OF MARYLAND CERTIFICATE OF DEATH

A	Registration Dist, No. 30
Village or City Wellot (No,	St.; Ward) [If death occurred in a hospital or institution,
FULL NAME James Thomas	Atkinson give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Married, Married, Widowed, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
8 DATE OF BIRTH March 22, 1833. (Month) (Day (Year)	that I last saw here alive on Sept. 30, 191
7 AGE 1 If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at
OCCUPATION (a) Trade, profession, or Petrical Grammer particular kind of work Petrical Grammer (b) General nature of industry, business, or establishment in which employed (or employer) PBIRTHPLACE (State or country) Many Land 10 NAME OF FATHER OFFATHER (State or country) Gangland 21 MAIDEN NAME OF MOTHER OTHER OF MOTHER OTHER OTH	Contributory Secondary (Doration) / yrs mos. ds. (Signed) / A
of Mother Beulah M = Corea 13 BIRTHPLACE OF MOTHER (State or country) Gugland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds
(Informant) Lan At Kinson	Where was disease contracted, If not at place of death? Former or usual residence.
(Address) Colla- 16 Filed Oct 6, 1914 Marshall B Wish REGISTRAR	19 PLACE OF BURIAL OR REMOVAL Concernatti Olis Det. 8, 1914 20 INDERTAKER ADDRESS ALLSunger From Cellicoff City
If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Bulto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

essary to know (a) the kind of work and also (b) who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. been changed or given up on account of the disease mine, etc. It should be used only when needed. As examples: the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (b) "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meninglisis"); Diphtheria (avold use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomencia-"Contributory." lnjury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State childbirth or misearriage as "Puerperal septiehaemus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) etc., when a definite disease can be ascertained as the genltal," "Collapse," "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. For viomere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senlle," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report cause for



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STATE OF MARYLAND ACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilt death occurred in St :----Ward) a hospital or Institution. give its NAME instead ot street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED, (Month) (Dav (Year) Write the word) I HEREBY CERTIFY. That I attended deceased from that I last saw harm, alive on (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 12.45 a.m. 1 dayhrs. as follows: OR ? BOCCUPATION (a) Trade, protession, or particular kind of work intra crama((b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) Contributory BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death yrs. mos. ds. State _____ yrs. ____ mes. ___ Where was disease contracted. It not at place of death? usual residence 15 29 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 40 If death occurred in ---Ward) a hospitai er jestitutice. give its NAME Instead of street and cumber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 SINGLE. DATE OF DEATH MARRIED, JY (Month) (Day (Year) (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH* was as follows: OR min. ? m Alediastining BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE Contributory Secondary (State or country) (Deration) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death _____ yrs. ____ mos. ___ State yrs mos. Where was disease contracted. If not at place of death? Former or usual residence (Address 15

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REGISTRAR

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"Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skull, and eonsequences (e. g., by earbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for ehlldbirth or miscarriage as thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, eer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencladent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-aeci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease eausing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chronie oma, Sarcoma, etc., of...... (name origin; "Canetc., when a definite disease can be ascertained as the The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," "PUERPERAL septichae-Never report



N. B.—Every Item of Information should be osrefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

PERSONAL AND STATISTICAL PARTICULARS B GEX A COLOR OR BACE B ANNALE MARKED ANALY MARKED MEDICAL CERTIFICATE OF DEATH 15 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 191 18 DATE OF DEATH MEDICAL CERTIFICATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 191 MARKED MARKED (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 191 MARKED MARKED (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 191 MARKED MARKED (Month) (Day) (Year) 18 I HEREBY CERTIFY, That I attended deceased from 191 MARKED MARKED (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 191 MARKED MEDICAL CERTIFICATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 191 MARKED MARKED (Month) (Day) (Year) (Month) (Day) (Year) I HEREBY CERTIFY, That I attended deceased from 191 MARKED MEDICAL CERTIFICATE OF DEATH (Month) (Day) (Year) I HEREBY CERTIFY, That I attended deceased from 191 MARKED MEDICAL CERTIFY (Month) (Day) (Year) I HEREBY CERTIFY, That I attended deceased from 191 MARKED MEDICAL CERTIFY (Month) (Day) (Year) I HEREBY CERTIFY, That I attended deceased from 191 MARKED MARKED	Village or Gity Pakesulle (No. 2 FILL NAME (Robert Hanson)	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. [if death occurred in a hospital or institution, give its NAME instead of street and number.]
SEX 4 COLOR OR RACE Make L. Market. Male Ante Ante Control BIRTH Age 6 Month) (Day) (Month) (Day) (Year) 17 I HEREBY GERTIFY, That I attended deceased from 191. (Month) (Day) (Year) 18 AGE 18 HEREBY GERTIFY, That I attended deceased from 191. (Month) (Day) (Year) 17 I HEREBY GERTIFY, That I attended deceased from 191. (Month) (Day) (Year) 18 AGE Age It HEREBY GERTIFY, That I attended deceased from 191. (Month) (Day) (Year) 191. (Month) (Day) (Year) 17 I HEREBY GERTIFY, That I attended deceased from 191. (Month) (Day) (Year) 18 I HEREBY GERTIFY, That I attended deceased from 191. (Month) (Day) (Year) 191. (Month) (Day) (Year) 17 I HEREBY GERTIFY, That I attended deceased from 191. (Month) (Day) (Year) 17 I HEREBY GERTIFY, That I attended deceased from 191. (Month) (Day) (Year) 18 I HEREBY GERTIFY, That I attended deceased from 191. (Month) (Day) (Year) 18 I HEREBY GERTIFY, That I attended deceased from 191. (Month) (Day) (Year) 17 I HEREBY GERTIFY, That I attended deceased from 191. (Month) (Day) (Year) 18 I HEREBY GERTIFY, That I attended deceased from 191. (Month) (Day) (Year) 17 I HEREBY GERTIFY, That I attended deceased from 191. (Month) (Day) (Year) 18 I HEREBY GERTIFY, That I attended deceased from 191. (Month) (Day) (Year) 191. (Add that death occurred on the date stated above, at 4	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
OF RECENT RESIDENTS) At place Of MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) OR RECENT RESIDENTS) At place Of death yrs, mos. ds. State yrs, mos. ds. Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MAUNICAL MIDOWED, MIDOWED, WIDOWED, WI	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
Filed CL. 19. 1914 ASM G. Mayor 20 UNDESTAKES TO LOS OF ATORESS REGISTRAR 11 more blanks are needed, address State Registrat & E. Franklin St., Balto., Requesting V. S. No. 1.	13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informani) (Address) DHIMASSOUR (Address) The Market Army Canada Registran	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos. ds. State yrs, mos. ds. Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Providence Couple, Oct. 20 , 191 4 20 UNDERTAKER APPRESS

[Approved by U. S. Census and American Public Health

: Grocery; (a) Foreman, (b) Automobile factory. The ness. If retired from business, that fact may be indiof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," 6

Statement of cause of death—Name, first, the disease causing death—In all respect to the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for cblidbirth or miscarriage, as "Puenperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Coliapse." "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," cause of death approved by Committee on Nomencia-"Contributory." Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for mailgmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis. uant neoplasms) ; Measles; Whooping cough; Chronio oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the bead of lbutory." (Recommendations on statement of (name origin; "Can-Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

NOV 4 1914

V. S. No. 1.

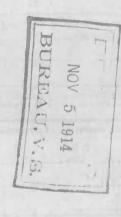
Village or Gity Poland Brk (No. 104)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. [If death occurred is a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale 4 COLOR OR RACE Single, MARRIED, WIDOWED, OF INCOMES (Write the word)	18 DATE OF DEATH 27 1914 (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
Accuracy 8" (Month) (Day (Year)	OCT 2 1, 1914, to OCT - 27, 1914, that I last saw h & alive on OCT - 26, 1914
TAGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at # 2. m, 2. The CAUSE OF DEATH* was as follows: Opological found dead
particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) Parthelace (State or country) 10 NAME OF FATHER 7 7	Gontributory Charge Planting Secondary Glynger 7 cms. ds. (Signed) M. D. M. D.
11 BIRTHPLACE OF FATHER (State or country OF MOTHER OF MOTHER 13 BIRTHPLACE 13 BIRTHPLACE	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
OF MOTHER (State or country Felling of Re.) 14 THE ABOVE IS YRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Address)	At place of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence. 19 FLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Flied — 28 191 4 M - Forbi REGISTRAR V If more blanks are needed, address State Regist	20 UNDERTAKER ADDRESS Wullch Inches Trans, 6 F. Franklin St., Balto., Requesting V. S. No. 1.
d	

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborerstatement. material worked on may form part of the second additional liue is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persous engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are eugaged in the Never return "Laborer," "Foreman," For persons (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligmia," "PUERPERAL peritonitie," etc. State cause for cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," oma, Sarcoma, etc., of..... (name origin; "Can-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Marasgcnital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Measics (disease causing death), 29 ds.; affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-".Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopneumonia (secondary), 10 ds. The contributory "Old Age," "Shock," "Uraemia," "Weakness," tetanus) may be stated under the head (Recommendations on statement of (secondary or intercurrent) Never report For vio-



RECORD PERMANENT UNFADING back ATH in plain instructions DEATH 10 OF mportant. Every Ite

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in -Ward) a hospital or institution. give Its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE. DATE OF DEATH MARRIED, malle. WIDOWED, (Month) (Day (Write the word) (Year) I HEREBY CERTIFY, That I attended deceased from 8 DATE OF BIRTH M nth) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at ... 1 dayhrs. The CAUSE OF DEATH * was as follows: OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At piace OF MOTHER (State or country of death _____ yrs. ____ mos. ___ ds. State yrs, ____ mos. __ Where was disease contracted. TO THE BEST OF MY KNOWLEDGE It not at place of death? Former or usual residence. 19 PLACE OF BURYAL mel unoda a OA REMOVAL (Address \ 15 oudon UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

CERTIFICATE OF DEATH

[Approved by J. S. Cusus and American Public Health association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the disease should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. 'Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not material it should be used only when necded. applies to each and every person, irrespective of age. ivil engage, Stationary fireman, etc. But in many hysician, Compositor, Architect, Locomotive engineer, many occupations a single word or term on the is very important, so that the relative healthful-Spinner, (b) Cotton mill; (a) Salesman, line with be sufficient; e. g., Farmer or Planter, tement of occupation. Precise statement of occupato kin (a) the kind of work and also (b) tare of the business or industry, and therefore an especially in industrial employments, it is nec-If retired from business, that fact may be indivervious pursuits can be known. The question worked on may form part of the second Women at home, who are engaged in the As examples: The (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclature of the American Medical Association.) "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—aecisuch, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), thenia," "Anacmia" (mcrely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify us which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae ctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As Bronehopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory Always qualify all diseases resulting from Measics (discase causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion, State cause for Never report



B. No. 1.

N. B.

PLACE OF DEATH 9666	STATE OF MARYLAND
County & settemen	CERTIFICATE OF DEATH
Village or City Pullington (No. 5 le	deny du St; Ward) [If death occurred I a hospital or Institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
PSEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word) 8 DATE OF BIRTH	16 DATE OF DEATH (Month) (Day) (Year) 17 OCF HEREBY CERTIFY, That I attended deceased from 1914, to CEF that I last saw here alive on Ocf 1914
(Month) (Day) (Tear) AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at A . m The CADS OF DEATH* was as solvows:
particular kind of work (b) Generat nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Salke Ca	Contributory Francisco (Secondary) (Secondary) (Description of the contributory of t
10 NAME OF FATHER Sohn Remarks 11 BIRTHPLACE OF FATHER (State or country) Bolds Go 12 Maiden Name OF MOTHER AND A BOLD OF MOTHER AND	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) Balt, Ct	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place in the of death yrs, mos ds. State yrs, mos ds.
(Informant) Com Renance	Where was disease contracted, If not at place of death? Former or usual residence.
(Address) Allenton	37. Thomas Date of Burial al. 59 , 1915.
Filed Clet. & 9, 191 4 Hurry G. Norcher REGISTRAR	20 UNDERTAKER PADDRESS
if more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," But in many

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerchrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid menumonia"); Lobar proumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. childbirth or miscarriage, as "PUTBPERAL scottchacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras. genital," thenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "Puerpebal peritonitis," etc. State cause for "Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," ... (name origin; "Can-Examples :



S. No. 1.

E . ż

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD UNFADING INK-THIS IS A PERMANENT WRITE PLAINLY, WITH CAUSE OF DEATH in plain terms, se

1 PLACE OF DEATH County...

STATE OF MARYLAND CERTIFICATE OF DEATH

	$\alpha \ell$		Registration Dist.	No. 44
Village or City		George T	Biddison	[It death occurred in a hospital or Institution, give its NAME Instead of Street and number.]
PERSON	NAL AND STATISTICAL PA	RTICULARS	MEDICAL CERTIFICATE OF D	FATH

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	Final Colorer RACE Single, MARRIED, Lordon Widoweo, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
6 D	ATE OF BIRTH hukedun,	1 HEREBY CERTIFY, That I attended deceased from
	(Month) (Day (Year)	that I last saw here alive on Oct 5 ,191 C
TA	bor 69 yrs mos ds. or min.?	and that death occurred on the date stated above, at
(a	CCUPATION) Trade, profession, or ricular kind of work	Olumia Cudo Contidos
(b) bus whi	General nature of Industry, siness, or establishment in ich employed (or employar)	Contributor as cheere do
В	(State or country)	Secondary
	10 NAME OF LOW Gormon	(Signed) Ohielo Facin , M. O
ENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENT TAILS THE STREET OF T
ARI	12 MAIDEN NAME OF MOTHER	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN TAL, SUICIDAL, OF HOMICIDAL.
Δ.	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the ot death yrs, mos, ds. State yrs, mos, ds
	(Informant) My WWR ollus	Where was disease contracted, It not at place of death? Former or Usual residence.
	(Address) Chow mid	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 FII	ed Eloh a 1314 KWHaum Jone	20 UNDERTAKER AFGHERS BUEX
	a If more blanks are needed address State Bowle	

address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None. ented thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Poreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b)Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrosphual meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, perilonaeum, etc., Carcin-

mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of......(name origin; "Canmus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Auacmia" (merely symptomatle), "Atrophy," Bronchopncumonia (secondary), 10 ds. Never report ample: Measles cause of death approved by Committee on Nomenelainjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," childbirth or miscarriage as "Puerperal septichaeeause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasaffection need not be stated unless important. ture of the Americau Medical Association.) ".Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. The contributory (secondary or intercurrent) tctanus) may be stated under the head of (Recommendations on statement of (disease causing death), 29 ds.; ctc. State cause for For vio-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT BINDING d FOR PLAINLY, WITH UNFADING INK-THIS RESERVED MARGIN WRITE

7. S. No. 1.

9

county Baltimore 79	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 43
*FULL NAME Stella 7 /3	iddison [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Single, Married, Widower, Windower, Or privarce (Write the word) 6 DATE OF BIRTH August 12th (Month) (Day) (Year)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I sttended deceased from Jan. 5. 1914, to Oct 5. 1914, that I last saw h. alive on Oct 4- 1914
7 AGE 3 6 yrs. 1 mos. 23 ds. If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
OCCUPATION (a) Frade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Rhumatic Endocardito "Complications" Baratyris Obumumia (Duration) Trs Mos 48. Contributory as above (Secondary)
Sardenville Balto Co Ma 10 NAME OF FATHER Thomas C Biddison 11 BIRTHPLACE OF FATHER (State or country) Balto Co Md 12 MAIDEN NAME OF MOTHER Fulla A McCauley	(Signed) — (Address) — (Signed) — (Address) — (Signed) — (State the Dismass Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) anna arundel Co Ma 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) John & Bedelson	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs, mos ds. Where was disease contracted, if not et place of death? Former or usual residence.
Flied Oct 7, 1914 W. 7. lolayton, REGISTRAR	19 PLACE OF BURIAL OR REMOVAL Biddison's Cemetery 20 UNDERTAKER Storge Schilling + Sons /126 & Monument of
If more blanks are needed, address State Registrar	; 6 E. Franklin St., Balto., Requesting V. S. No. 1. Belte Med

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of Illof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or indust; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease). Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, periionaeum, etc.. Carcin-

scpsis, tetanus) may be stated under the head of such, if impossible to determine definitely. mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaeture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronia mere symptoms or terminal conditions, such as "Aser" is less definite; avoid use of "Tumor" for malls. oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (disease causing (name origin; "Candeath), 29 State cause for "Exhaustion," Examples: For VIO-



UNFADING INK-THIS IS

WRITE PLAINLY, WITH

stated EXACTLY. PHYSICIANS should state I. Exact statement of OCCUPATION is very RECORD

A PERMANENT

N. B.—Every Item of Information should be carefully supplied. AGE should be si CAUSE OF DEATH in plain terms, so that it may be properly classified. Important. See Instructions on back of certificate.

V. S. No. 1.

Village or City Gless as (No. 2014)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 40 St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Finale Color or race 5 single, marked or or over the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY. That I attended deceased from
6 DATE OF BIRTH	8ct / 1914, to 8ct / 1914,
(Month) (Day (Year)	that I last saw her ally on DeT / ,1914
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at/Pm, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer)	Clothing Care of P. C. Thomas (Duration) Thomas
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER Edward Down wie	(Signed) R. E. Gelser, M. D. Bet. 2, 1914 (Address) Fraeleton 2nd.
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE) At place In the ot death yrs, mos ds. State yrs, mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) When I was a second of the second of t	Where was disease contracted, It not at place of death? Former or
(Address) Ellerarm rug	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Och 1 1914 of F. H. Grand	20 UNDERTAKER ADDRESS
REGISTRAR	189-1.19-1.11

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

statement. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of agc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not dutics of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coul "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease who receive a definite salary), may be entered as For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septichacctc, when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; nalvular heart disease; Chronic interstitial nephritis, nant ncoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. "Contributory." The contributory (secondary or intercurrent) (Recommendations on statement of



PERMANENT stated EXACTLY. UNFADING INK-THIS IS AGE WRITE PLAINLY, WITH

PHYSICIANS should state of OCCUPATION IS very Exact statement carefully supplied. AGE should be si that it may be properly classified. DEATH in plain terms, so See instructions on back of CAUSE OF Important. S

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1 PLACE OF DEATH Batteriore

STATE OF MARYLAND CERTIFICATE OF DEATH

Pesistration Dist. No.

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Village or City High	I CHICALOUKIN	- 00 V	> 1/30Ula	M St.	Ward
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	many	11. 40	120		

Ilf death occurred in a hospital or institution, give its NAME instead

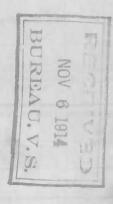
*FULL NAME Mary Lorothy Blair					
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3 51	Ternale White Single, wipower, or or worker (Write the word)	16 DATE OF DEATH Och 27, 1914. (Mouth) (Pay (Year)			
6 p/	(Month) (Day (Year)	that I last saw h. S. alive on Och 7.5.1914			
TAC	2 / If LESS than t day,hrs.	and that desth occurred on the este stated above, at 2 P m, The CAUSE OF DEATH* was as follows:			
(a) pai	Trada, profession, or ficular kind of work.	Conquital Debilit			
(b) General nature of Industry, business, or establishment in which employed (or employer)		(Duration) yrs 2 mos ds.			
9 BIRTHPLACE (State or country) Balto Co		Secondary (Duration) yrs 2 mos ds			
10	10 NAME OF Bartholomow a Blair	(Signed) Tes-J. Meavey, M. D.			
PARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 Maiden Name OF MOTHER 04	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.			
	13 BIRTHPLACE OF MOTHER (State or country) Balto Co	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death			
	Interment) Bartholomen Blais	Where was disease contracted, If not at piaca of death? Former or usuai residence			
16	(Address) 335 Soveldin	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DATE OF BURIAL DATE OF BURIAL DATE OF BURIAL ADDRESS 200 Chleans			
If more blanks are needed, address State Registrati 6 E. Franklin St., Palto., Requesting V. S. No. 1.					

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: been changed or given up on account of the disease who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (7)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failurc," "Haemorrhage," "Inanition," "Marus "Collapse," "Coma," "Convulsions," "Debility" ("Con thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopucumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) tetanus) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," "PUERPERAL septichae Never report



OCCUPATION PHYSICIANS RECORD PERSONAL AND STATISTICAL PARTICULARS ERMANENT 5 BINGLE. 3 SEX 4 COLOR DR RACE MARRIED. WIDOWED Write the word) 6 DATE OF BIRTH classified. (Year) (Day) 7 AGE If LESS than and that death occurred on the date stated a should 1 dayhrs. OR min. ? BOCCUPATION AGE (a) Frade, protession, or particular kind of work (b) General nature of industry, supplied. business, or establishment in may which employed (or employer) certificate. Contributory.... 9 BIRTHPLACE (State or country) (Secondary) carefully that Deration) œ 10 NAME OF FATHER 80 11 BIRTHPLACE (Address terms, ARENT OF FATHER (State or country) 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER Instructions of information OR RECENT RESIDENTS) 13 BIRTHPLACE = At place OF MOTHER (State or country) ot death ____ yrs. ___ mos. ___ ds. DEATH Where was disease contracted. If not at place of death?---Former or OF usual residence..... Important. Every Ite 15 REGISTRAR

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. Ilt death occurred in a hospital or institution. give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH (Month) I HEREBY CERTIFY, That I sttended deceased from *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENlo the State yrs, ____ ds.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. 8. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the dibrable causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may he stated under the head of injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPEBAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can he ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mus," "Oid Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), thenia," "Anaemia" (mereiy symptomatic), "Atrophy," Accidental, drowning; Struck by railway train-acctwhich surgical operation was undertaken. For vio-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory Always qualify all diseases resulting from Measles (Recommendations on statement of (disease causing (secondary or intercurrent, "Dropsy," "Exhaustion," (name origin; "Candeath), 29



N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

STATE OF MARYLAND COUNTY STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Vittage or City flameline familier Est.; Ward) [If death occurred le a hospital or institution, give lits MAME Instead of streef and number.]						
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH					
Married, Widoweo, ORDIVORCEO ORDIVORCEO Write the word)	(Month) (Day (Year)					
6 DATE OF BIRTH Long 3 6,1893	that I last saw h as alive on US 3 / 191					
7 AGE (Month) (Ddy (Year)						
2 / 2 / 1 day,hrs.	and that death occurred on the date stated above, atm,					
yrs mos ds. OR min.?	The CAUSE OF DEATH* was as follows:					
8 OCCUPATION (a) Trade, profession, or particular kind of work	ingities					
(b) General nature of Indostry, business, or establishment in which employed (or empioyer) PRINTHPLACE (State or country) Seltunor Oul	Contributory July Thittenis Secondary					
10 NAME OF FATHER FLOORS	(Signed) (Doration) yrs mos ds.					
11 BIRTHPLACE OF FATHER (State or country) 12 Main NAME OF MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.					
12 MAIDEN NAME felle Westermon	TAL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.					
13 BIRTHPLACE OF MOTHER (State or country) Boltinum	Af place to the of death yrs mes ds					
(loformant) silie Saredehoft	Where was disease contracted, If not at place of death?————————————————————————————————————					
(Address) Flassiston Ave Hamilton	Baltimere Genellery Stor 1914					
Filed How! , 1914 REGISTRAR	20 UNDERTAKER I Seule () The ette St					
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.					

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groecry; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question (a) Spinner, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, "Foreman," (0)

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucisis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenela-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for ehildbirth or misearriage as "Puerperal septichaccause. Always qualify all diseases resulting from etc., when a dcfinite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Angemia" (merely symptomatic), "Atrophy," ample: Measles (disease eausing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for mallgdent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) "Coma," "Convulsions," "Debility" ("Con-(Recommendations on statement of



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING MARGIN RESERVED FOR

T. B. No. 1.

PLACE OF DEATH 9673	STATE OF MARYLAND	
County Balt.	CERTIFICATE OF DEATH Registration Dist. No. 3 3	
	St.; Ward) [if death occurred a hospital or institution give its NAME loste of street and number.]	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
finile while Widowed, widowed with the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from	
6 DATE OF BIRTH DCC - 7 1858 (Month) (Day) (Year)	that I lest saw h W allve on Och 8 4 1914	
7 AGE 11 LESS than 1 day,hrs. 0Rmin.?	and that death occurred on the date stated above, at	
COCCUPATION (a) Frade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer)	fun Zuberculor internation UT 13 ruels (Duration) yrs. mos. de	
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF OF MOTHER OF MOTHER 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) (Duration) yrs mos ds (Signed) Jas Hurble Lung, M. D *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) ONLY ON	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, INS	
(Address) Fourbleshung Ind Filed act 8 12, 1914 Jas Athelana	19 PLACE OF BURIAL OR REMOVAL BULLS Col 10 1 1914 20 UNDERTAKER C. V. Zyllin + Son Address Hampston Ar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.	

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specicases, especially in industrial employments, it is nec-Housewife, Housework, or At Home, and children, not minc, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman," (6)

Statement of cause of death—Name, first, the dibease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tetanus) may be stated under the head of mia," "PUERPERAL peritonitis," etc. ture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. childbirth or miscarriage, as "Purperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or Bronchopneumonia (secondary), 10 ds. Never report ample: Measles affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (disease causing terminal conditions, such as "As-(name origin; "Candeath), 29 State cause for Examples: For VIO-



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	PERSONAL AND STATISTICAL PARTICULARS	MED
3 SE	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED, OR OIVORCED (Write the word)	16 DATE OF DEATH
6 DA	TE OF BIRTH Nex 28, 185-1 (Month) (Day (Year)	that I last saw her
7 AG		and that death occur The CAUSE OF DEA
whic	General nature of Industry, less, or establishment in h employed (or employer)	Contributory Secondary
BI	State or country) Batto (o My	
TS	10 NAME OF FATHER PLASE R Yengleing 11 BIRTHPLACE OF FATHER	(Signed) JV.NV
S	10 NAME OF FATHER PLASE R Yengling 11 BIRTHPLACE	10/

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

.Ward)

[If death occurred in a hospital or institution, give Its NAME instead of street and number.]

ATE OF DEATH

(Day That I attended deceased from stated above at 9-30H m. lows: yrs......mos. 1. 4. ds.

ATH, or, in deaths from VIOLENT URY; and (2) whether ACCIDEN-

SPITALS, INSTITUTIONS, TRANSIENTS, In the State _____ yrs. ____ mos. ____ ds

20 UNDERTAKER

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not pald Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal cases, especially in industrial employments, it is necwho have no occupation whatever, write None. CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the disease gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as "Manager," "Dcaler," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," engineer, (4)

Statement of cause of death—Name, first, the disease causino death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid dineumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (c. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichac-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory Always qualify all diseases resulting from Mcasles (disease causing death), 29 ds., "Convulsions," "Debility" ("Con-(secondary or intercurrent) Never report



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1 PLACE OF DEATH

County Bull max 9675 (120	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Par formis Bryon	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX, 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
8 DATE OF BIRTH Suf 19 1813 (Month) (Day) (Year)	od 12 1 1914, to Oct 25 1914, that I last saw he alive on Oct 25 1914
It LESS than 1 day,hrs. GOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) OF FATHER OF FATHER OF FATHER (State or country) Pallina Cross 11 BIRTHPLACE (State or country) Dallina 12 MAIDEN NAME OF MOTHER (State or country) Pallina 13 BIRTHPLACE OF MOTHER (State or country) Pallina 14 MAIDEN NAME OF MOTHER (State or country) Pallina Cross OF MOTHER OF MOTHER (State or country) Pallina Cross	and that death occurred on the date stated above, at 2 45 m. The CAUSE OF DEATH* was as follows: Calman could find the Carrier of Cause
(Informant) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address)	It not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OF 20 PADENTALER ADDRESS
REGISTRAR If more blanks are needed, address State Regis trar, 6	B. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers cases, especially in industrial employments, it is necwho have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.). For persons causing death, state occupation at beginning of illbeen changed or given up on account of the DISTASE Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer—('oal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver round of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJUBY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Hart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asampie: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of _ ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF AS probably "Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never reporis less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) "Old Age," "Shock." 'Uraemia," "Weakness," "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can Examples:



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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No It death occurred in St.: Ward) a hospital or institution, give its NAME instead ot street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX DATE OF DEATH MARRIED, WIDOWED, F (Month) (Day (Year) (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH Mul (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, t day,.....hrs. The CAUSE OF DEATH * was as follows: OR min. ? BOCCUPATION (a) Trade, protession, or particular kind of wo (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country Contributory L yrs O mos O 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NA OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER ot death yrs. mos. ds. State yrs. Where was disease contracted. It not at place of death? Former or usual residence. BURIAL OR REMOVAL OF BURIAL 15 ADDRESS REGISTRAR If more blanks are needed, address State Registrat, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

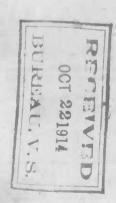
[Approved by U. S. Census and American Public Health Association.]

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V. S. No. 1.

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arefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPATION is very UNFADING INK-THIS IS A PERMANENT RECORD carefully supplied. See Instructions on back of certificate. WRITE PLAINLY, WITH Every Item of information should be CAUSE OF DEATH in plain terms, s. DEATH in plain terms,



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ward)

[it death occurred in a hospital or institution, give its NAME instead ot street and nomber.]

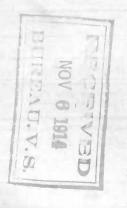
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH
3 5 5	Bale White Single, Widowed, OR DIVORCED (Write the Gord)	16 DATE OF DEATH OCT 7, 1914 (Month) (Day (Year)
6 D#	ate of BIRTH Oct 17, 1814	that I last saw h attroon Oct 17 1914
7 AC	(Month) (Day (Year) GE If LESS than 1 day,	and that desth occurred on the date stated above, at
(a) par (b) busi	CCUPATION) Trade, protession, or ricular kind of work	Mill Barn Foelis 7/1/2 months (Duration) yrs mos ds
	10 NAME OF FATHER PETER Buttner 11 BIRTHPLACE OF FATHER (State or country) Maryland 12 MAIDEN NAME (STATE OF COUNTRY) Maryland	(Signed) (Buration) yrs mos ds. (Signed) (Address) 3 0 3 1 ODO WILLIAM STATE THE DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
Δ. 14 _T	13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place Io the ot death yrs mos ds. State yrs mos ds. Where was disease contracted, If not at place ot death? former or usual residence.
15 File	(Address) 11/4 9 3rd SK ed Oct, 19-19 W.E. M. Claushau REGISTRAN	19 PLACE OF BURIAL OR REMOVAL Sacres Heart Cen., Certi 19, 1914 20 UNDERTAKER Jeile ADDRESS 4088 Nove

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specfstatement. of persons engaged in domestic service for wages, as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necbeen changed or given up on account of the nisease (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," As examples: (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. For viochildbirth or miscarriage as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measics (disease causing death), 29 affection need not be stated unless important. Bronehopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of "PUERPERAL septichae-Ex-



NOI PHYSICIANS of OCCUPATI RECORD PERMANENT classifled. proper pe UNFADING may certificate. 0 back terms, uo piain See instructions 2 DEATH OF Important. Every It

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state

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

ADDRESS

Ilt death occurred in St.:....Ward) a hospital or institution. give Its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH MARRIED, WIDOWED. (Month) (Day (Year) (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH 191..... to (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day,....hrs. OR min. ? BOCCUPATION (a) Trado, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which omployed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJUNY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) In tho of death yrs. mos. ds. State yrs, ____ ds Where was disease contracted. It not at place of death?... Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address)..... 15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

[Approved by U. S. Census and American Public Health Association.]

cated thus: statement. additional line is provided for the latter statement; applies to each and every person, irrespective of agc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive - engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never rcturn "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unquallfied, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," Meastes (disease causing death), 29 ds.; (Recommendations on statement of Never report



MARGIN

S. No. 1. .

N.B.

. AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very RECORD UNFADING INK-THIS IS A PERMANENT of information should be carefully supplied.

DEATH in plain terms, so that it may be instructions on back of certificate. WRITE PLAINLY, WITH CAUSE OF Important. S 1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No. 34

St.; -Ward) [If death occurred in a hospital or institution,

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
30	und 4 color or race 5 single, Married, widowed, or plyorced (Write the word)	16 DATE OF DEATH Ocloter fust, 1914 (Month) (Day (Year)
7 A	May (Day 1849 19 19 19 19 19 19 19	that I last saw here alive on
(a	yrs mos ds or min.? CCUPATION) Trade, profession, or ricular kind of work	Chave Inflaites
bus	General nature of industry, iness, or establishment in ich employed (or employer)	Contributory Myreadity.
State or country) 10 NAME OF FATHER Manuel Plorytho 11 BIRTHPLACE OF FATHER (State or country) 12 Main NAME OF OF MOTHER OF MOTHER OF MOTHER		(Signed) Juliany Fari dur une , M. D. Cach J. 191 4 (Address) 10 13 1 Charles from Victoria
PAR	13 BIRTHPLACE OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country)	CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds.
	(Informant) CAR AND MAN AND AND AND AND AND AND AND AND AND A	Where was disease contracted, It not at place of death? Former or usual residence
1 5 Fil	ed Och. D. 1914 Harry G. naylor.	19 PLAGE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the misease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal statement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

mere symptoms or terminal couditions, such as "Asture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Bronchopneumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1613 / Charles



V. S. No. 1.

item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state E OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very lant. See instructions on back of certificate.

Village or Cit

PERMANENT 4 PLAINLY, WITH UNFADING INK-THIS IS WRITE CAUSE OF Important. S B. ż

1 PLACE OF DEATH 10452

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 30

y Callinne (No.	St.; Ward)
1.	
6. 1 1 /2 10	Con Rela

[If death occurred in a hospital or institution. give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ale Thete Single, MARRIED, WIDOWED, WIDOWED, (Write the word)	16 DATE OF DEATH / 0 5 ,1914 (Month) (Day (Year)
DATE OF BIRTH	Cert 33 W. 191 4 to MW 5 4 191 4.
(Month) (Day (Year)	that I last saw him alive on her 4th 1914
GE If LESS than	and that death occurred on the date stated above, at 4 a m,
94/ yrs 6 ds 0R mln.?	The CAUSE OF DEATH* was as follows: hefshire les
OCCUPATION) Trade, profession, or Returd.	
) General nature of industry, siness, or establishment in Alch employed (or employer)	(Duration) yrs mos / Z ds.
STATURE (State or country)	Secondary Contental Struces
10 NAME OF Ruchael Corroraes	(Signed) Educe Pollwed , M. D.
11 BIRTHPLACE OF FATHER (State or country) 11 BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent
12 MAIDEN NAME OF MOTHER OF MOTHER	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
Many Mun (may. 13 BIRTHPLACE OF MOTHER (State or country) I rel and	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds
HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
interment) John Coversion	Former or usual residence
(Address) 130? Iranoru 2l	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
100 900 6 191 4 Marshall Blirst	athedra Cemetery nov. 1919
REGISTRAN	11/211/11/11/11/11/11/11/11/11/11

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. causing dearn, state occupation at beginning of illbeen changed or given up on account of the disease who receive a definite salary), may be entered as (a) Spinner; (b) Cotton mill; (a) Salcsman, additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to the and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and eonsequences (e. g., by earbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Wcakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. etc. The contributory (secondary or intercurrent) valvular heart disease; Chronie interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Caneause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned Aceidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably Always qualify all diseases resulting from Measics (disease eausing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



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state Very OCCUPATION PHYSICIANS RECORD statement PERMANENT EXACTLY. properly classifled. pinods UNFADING INK-THIS supplied. may be of certificate. carefully that 80 WRITE PLAINLY, WITH pe See Instructions on back plain terms, pinous of information DEATH IN CAUSE OF Important.

3 SEX

7 AGE

PARENTS

15

6 OCCUPATION (a) Trade, protession, or particular kind of work...

(b) General nature of Industry,

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

0)

OF FATHER (State or country)

1 PLACE OF DEATH County Ballimon

PERSONAL AND STATISTICAL PARTICULARS

(Month)

business, or establishment in Religious Works
which employed (or employer)

4 COLOR OR RACE

While



(Year)

It LESS th

1 dayh

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No...

MAStope Remeat (No. Met Stipe hea St.; Ward)

Ilt death occurred in a hospital or Institution give its NAME instead ot street and number. 1

Sabrina Costello - (Sr. M. Joseph)

MARRIED, Drigle

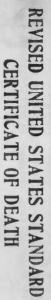
ORDIVORCED (Write the word)

(Dav

	- OZKINIOAIZ	OI DEATH.	
16 DATE OF DEATH	(c)	30	. 191%
#*************************************	(Month)	(Day	(Year)
17 / I HEREI	BY CERTIFY, That	t I attended de	
Dept 29	1014 to CCA	1.30	191//
			101/6
that I last saw h.	alive on OCL	29	1915/
and that death occurred	on the date state	ed above, at	1.30
The CAUSE OF DEATH	* was as follows:		
Brouch	hi - ace	eli-	

***************************************	\$	**************************************	
***************************************	base equi	***********************	
000000000000000000000000000000000000000	(Duration)	7 yrs. /	mos. C
Contributory Secondary	Carlie -	V.	
Secondary		Jacco Jul	************
(Signed) Frank	(bulation)	JI 3	.MUS
(Signed) rank	, rance	urref	
Och 70 , 1914	(Address) Her	House 7	ud-
*State the DISEASE CAUSES, state (1) MI TAL, SUICIDAL, OF HOM	EANS OF INJURY;	and (2) wheth	er Accide
16 LENGTH OF RESIDE OR RECENT RESIDENTS	NCE (FOR HOSPITAL	S, INSTITUTIONS	, TRANSIENT
At place Cot 40	In the		
ot death yrs mo	s ds. State	yrs,	mos (
Where was disease contracted if not at place of death?	/kHouse	- nud	
usual residence	Hope Re	West -11	ch Horal
19 PLACE OF BURIAL		DATE OF E	
h. 1 11 - D.	-, Com.	1001 2	
Mt Hope Retre.	ah Cesu.	Oct 3	, 19t.£
Mt Hope Retres 20 UNDERTAKER Slewart T M		ADDRESS Ballo	

REGISTRAR



[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations statement. who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At sehool or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)applies to each and every person, irrespective of age. cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many tion is very important, so that the relative healthful-Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, (b) Colton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," The

Statement of cause of death—Name, first, the disease causing death—In the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, perilonaeum, etc., Carcin-

ture of the America'u Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," ctc. State cause for childbirth or miscarriage as "Puerperal septichaecause. etc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronie interstilial nephrilis, naut neoplasms); Measles; Whooping cough; Chronie oma, Sarcoma, etc., of...... (name origin; "Can-Accidental drowning; Struck by railway train-acci-Bronehopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory tetanus) may be stated under the head Always qualify all diseases resulting from Measles (disease causing "Senile," etc.), "Dropsy," (Recommendations on statement of (secondary or intercurrent) death), 29 ds.; "Exhaustion," Never report For vio-



1 PLACE OF DEATH

VIII	age or City Colgate, (North Point)	CERTIFICATE OF DEATH Registration Dist. No. Registration Dist. No. St.; Ward) St.; Ward) For John Control of the control
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	Nale White Single, wipowed, Single or opposed with the world	18 DATE OF DEATH October 13 , 191: (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
8 DA	March 25, 1914 (Month) (Day (Year)	
7 AG	yrs 6 mos /8 ds. 1t LESS than t day, hrs.	and that death occurred on the date stated above, at 5 A. The CAUSE OF DEATH* was as follows:
(b) busi white	General nature of Industry, iness, or establishment in ch employed (or employer) RTHPLACE (State or country) Manyland.	Contributory Secondary (Duration) yrs mos mos
TS	10 NAME OF FATHER John 7. Corfon. 11 BIRTHPLACE OF FATHER (State or country) Maryland	Och 13, 1914 (Address) Rossville md
PARENT	12 MAIDEN NAME OF MOTHER amie H. Kistner	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLE CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDE TAIL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS)
	OF MOTHER (State or country) Maryland THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) John W. Colon	At place in the of death yrs mos ds. State yrs, mos ts. State yrs, mos tf not at place of death? Former or usual residence.
15	(Address) Colgate, Md.	W. Carmel Gem. Och 14, 191

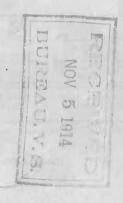
STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is uec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons eugaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pnenmonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. uant neoplasms); Measles; Whooping cough; Chronic ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probabily childbirth or miscarriage as "Puerperal septiehueetc., when a defluite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-*Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: valvular heart disease; Chronic interstitial nephritis. oma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (c. g., by carbolic acid-probably snicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerpenal peritonitis," etc. State cause for Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," (Recommendations on statement of etc.), "Dropsy," "Exhaustion," Never report



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DEATH

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RECORD

PLACE OF DEATH . 9682 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 94 [if death occurred in .Ward) a hospital or Institution. give its NAME Instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS S SINGLET 3 SEX MARRIED, WHOOMED, Malle (Month) Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH alive of bou 7 AGE If LESS than and that death occurred on the date stated above, at t day,hrs. OR mlo. ? BOCCUPATION (a) Frade, profession, or particular klod of work. (b) General nature of industry, business, or establishment la which employed (or employer) -----⁹ BIRTHPLACE (State or country) (Secondary) 11 BIRTHPLACE RENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT Causes, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. d OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS 13 BIRTHPLACE At piace OF MOTHER (State or country) yrs. mos. Siate Where was disease contracted. If not at piace of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIA 15

If more hlanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

ADDRESS

[Approved by U. S. Census and American Public Health
Association.] .

cated thus: Farmer (retired 6 yrs.). For persons "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Houscwife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Realthfulmine, etc. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras, genital," thenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronia ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Measles affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis zer" is less definite; avoid use of "Tumor" for mallsoma. Sarcoma. etc., of ... which surgical operation was undertaken. For viomere symptoms or Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (disease causing terminal conditions, such as "As-(name origin; "Candeath), 29 State cause for "Exhaustion,"



N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING Y. S. No. 1.

County Sachmene 1883	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Registre (No	Registration Dist. No. 20 [If death occurred in a hospital or lostitution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE Winowec, OR DIVORCEO (Write the word) 6 DATE OF BIRTH (Month) (Day) 7 AGE 1 (LESS than 1 day,hrs. ORmin.? 6 OCCUPATION (a) Trade, profession, or particular kind of work. (b) Genoral nature of industry, business, or establishmenf in which employed (or employer) 9 BIRTHPLACE (State or country) 1 ACE 4 COLOR OR RACE MARRIED, MARR	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 1914, to Cold Grant Gr
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Address) 15 Filed 16 More blanks are needed, address State Registrates	(Signed) (Buration) yrs



[Approved by U. S. Census and American Public Health Association.]

ness. If retired from business, that fact may be indishould be taken to report specifically the occupations the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the tion is very important, so that the relative leaithful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," Farmer or Planter, As examples: "Foreman," (b)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carein-

childbirth or miscarriage, as "PUTEPERAL septicharcause. Always qualify all diseases resulting from mus," "Oid Age," "Shock," "Uraemia," "Wcakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Hart failure," "Haemorrhage," "Inanition," "Marascause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convultions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never report ampie: Measles (disease causing death), 29 ds. nant neopiasms); Measles; Whooping cough; Chronic cer" is icss definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ... The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can Examples:



V. S. No. 1.

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See instructions on back of certificate.

important.

N. B.

Ounty County Spanews

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STATE OF MARYLAND CERTIFICATE OF DEATH

of street and number.]

Village or City Danewston	1 (No 25 Ca
1	1 2
2FULL NAME	3 Duw

FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Nale White (Write the word)	16 DATE OF DEATH Oct. 5 th 1914 (Month) (Day (Year)
AGE COLOR TO THE C	that I last saw h alive on
yrs. / mos. 25 ds. or min.? 3 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)	The CAUSE OF DEATH* was as follows: Overlaid, found dead in bed with mother x father. It as never Chown any symptoms of illness (Ouration) mos os.
BIRTHPLACE (State or country) panows four Md.	Contributory Carelessness on fatt Secondary Farents. (Doration) yrs mos ds (Signed)
11 BIRTHPLACE OF FATHER (State or country) Linnary	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Germany	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death yrs, mos ds. Where was disease contracted.
(Informant) Spanaws Torink	If not at place of death? Former or USUAL residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Oct. 5 1914 G. McCommics M.	St. Michaels Cem, Oct 7th, 1914.

If more hlanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the "Manager", "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question eated thus: Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indivery important, so that the relative healthful-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter, As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of........ (name origin; "Caneer" is less definite; avoid use of "Tumor" for malig-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or misearriage as "Puerperal septiehaecause. Always qualify all diseases resulting from ete., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Couvulsions," "Debility" ("Conthemia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing affection need not be stated unless important. eause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: Bronchopncumonia (secondary), 10 ds. Never report ture of the American Medical Association.) "Contributory." The eontributory (secondary or intercurrent) tetanus) may be stated under the head of "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of death), 29 ds.; State eause for For vio-



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PLACE OF DEATH 9685 (15 County

STATE OF MARYLAND CERTIFICATE OF DEATH

Villags or	FULL NAME Howard Da	Ward) [if death occurred a hospital or lestituti give its NAME least of street and nomber
PE	ERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX // Ala 6 DATE OF B	A COLOR OR RAGE White White White (Month) (Day (Year) (Month) (Day (Year) (Month) (Day (Year) (Application of the color of	16 DATE OF DEATH (Month) (Day (Year (Month) (Day (Year (Year (A) (Month) (Day (Year (Year (A) (A) (A) (A) (Month) (Day (Year (Year (A) (A) (A) (A) (A) (B) (B) (B)
business, or	on lession, or	mitral insufficiory (Duration) X yrs X mgs.,

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ____ yrs. __ _ mos. State _____ yrs.__

Where was disease contracted. If not at place of death?.

Former or usual residence

Contributory.

Secondary

OF BURIAL OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, & E. Frankin St., Balto., Requesting V. S. No.

REGISTRAR

9 BIRTHPLACE

ARENTS

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18

(State or country) 10 NAME OF FATHER

11 BIRTHPLACE

12 MAIDEN NAME

13 BIRTHPLACE

OF MOTHER (State or country)

OF MOTHER

OF FATHER (State or country)

[Approved by U. S. Census and American Public Health Association.]

.statement. cated thus: Farmer (retired 6 yrs.) For persons who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. As examples: who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of oma, Sarcoma, etc., of........ (name origin; "Caneer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomenclamia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," Never report



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OCCUPATION certificate. ö back Instructions mportant. Every II 8

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STATE OF MARYLAND CERTIFICATE OF DEATH Gounty Registration Dist. No. [If death occurred to a hospital or institution, give its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 18 DATE OF DEATH 5 SINGLE. 4 COLOR OR RACE 3 SEX MARRIED, WIDOWEO, (Month) (Day) (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 8 DATE OF BIRTH (Day) (Month) If LESS than TAGE and that death occurred on the date stated above, at 1 day,hrs. The CAUSE OF DEATH * was as follows: mos. OR min. ? ds. BOCCUPATION (a) Trade, profession, or (b) General nature of industry, business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF (Signed) FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER yrs. O was/disease contracted If not at place of death? usual residence 16 ADDRE If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1



[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of Illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age who have no occupation whatever, write None. been changed or given up on account of the DISTASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative Leulthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (g)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. childbirth or miscarriage. as "Purperal septichae mus," "Old Age," "Shock," 'Traemia," "Weakness," ample: Mcastes (disease causing death), 29 ds. cause of death approved by Committee on Nomencla scpsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUEBPEBAL peritonitis," etc. etc., when a definite disease can be ascertained as the -Hart fallure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," "Convultions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Araffection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malls oma. Sarcoma. etc., of ... ture of the American Medical Association.) "Contributory." Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of may be stated under the head of (name origin; "Can State cause for Examples:



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PHYSICIANS

RECORD

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No... _Ward) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED. (Month) (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month (Dav 7 AGE It LESS than and that death occurred on the date stated above, at t dayhrs. (0 The CAUSE OF DEATH * was as follows: mos OR ? ds. BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) ---BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER (State or country) At place In the of death _____ yrs. ___ mos. ___ _ ds. State Where was disease contracted. 14 THE ABOVE IS It not at place of death? Former or usual residence 15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

Ilt death occurred in

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(Year)

a hospital or institution.

give Its NAME Instead of street and number.]

6 mos -

DATE OF BURIAL

ADDRES

(Day



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional liuc is provided for the latter statement; cases, especially in industrial employments, it is necbeen changed or given up on account of the disease who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Nevcr return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," The (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

"Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. "Collapse," "Coma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion," For VIO-



•	Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on hard of certificate.
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PLACE OF DEATH	7
County Balhimon	61
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STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist. No.
	Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
M 4 COLOR OR RACE Single, MARRIED, WIDOWED, OR DIVORCED (Write the word)	(Month) (Day (Year)
DATE OF BIRTH AUL DEC 0, 1846 (Month) (Day (Year)	May 211d , 1903, to Och 21 , 1914, that I last saw hims alive on Och 26 , 1914
## AGE If LESS than 1 day,hrs. OR mos or mln. ?	and that death occurred on the date stated above, at 9 m, The CAUSE OF DEATH* was as follows: Paralytic Demention
OCCUPATION (a) Trade, profession, or Shormake z particular kind of work (b) General nature of Industry, pusiness, or establishment in Making Shorm which employed (or employer)	ab1 // (Duration) // yrs. mos. ds.
BIRTHPLACE (State or country) Caunda	Contributory Ex - Cardine Parelysi - Secondary (Doration) O yrs o mos / ds.
11 BIRTHPLACE Gaenek Denghman (2)	(Signed) Frank & Filaning, M. D. Oct 21, 1914 (Address) Mt Hone Retrical
OFFATHER (State or country) Canada 12 MAIDEN NAME OF MOTHER Christian Roesan	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) Cauala	at place in the of death // vrs. C mas. O ds. State // vrs. C mas. O de
(Interment) Receives of Met Hore Reman	Where was disease contracted, North Carolina If not at place of death? Former or usual residence.
(Address) Mt Hone Md-	New Cathedral Cly Toch 22, 1814
Filed Oct. 27, 191 4 22 to 9 The REGISTRAR	Slewart Mowen G 108W-Northton

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

eated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write Nonc. CAUSINO DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when ueeded. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kiud of work and also (b) cases, especially in industrial employments, it is neefirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," The

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclamia," "Puerperal peritonitis," etc. State cause for nant neoplasms); Measles; Whooping cough; Chronic "Contributory." injury, as frueture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: accidental, suicidal, or homicidal, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Can-Accidental drowning; Struck by railway train-acci-"Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report is less defiuite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from Measles (discase causing "Senile," etc.), "Dropsy," (Recommendations on statement of death), 29 ds.; "Exhaustion," For vio-



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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County Registration Dist. No. Ilf death occurred in St.: Ward) a hospital or institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH BREX 4 COLOR OR RACE S SINGLE 16 DATE OF DEATH MARRIED, WIDOWED. (Day OROIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at, 1 dayhrs. OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) -----9 BIRTHPLACE (State or country) Contributory. Secondary (Duration) 10 NAME OF FATHER NTS 11 BIRTHPLACE Co est 4, 191 4 (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. ARE 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ___ mos. ___ _ ds. State _____ yrs. ____ mos. __ Where was disease contracted. If not at place of death?-Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) ----15 20 UNDERT ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illmine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupaif retired from business, that fact may be indi-Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons As examples:

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing definite same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 'Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause. Always qualify all diseases resulting from nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canmia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the ture of the American Medical Association.) cause of death approved by Committee on Nomenciasepsis, tetanus) may be stated under the head of which surgical operation was undertaken. For viomus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. The contributory (secondary or intercurrent) "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustlon," State cause for Never report



V. S. No. 1.

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PHYSICIANS should state of OCCUPATION Is very Exact statement UNFADING INK-THIS IS A PERMANENT stated EXACTLY. classified. AGE should DEATH in plain terms, so that it m See instructions on back of certificate. WRITE PLAINLY, WITH of Information should be CAUSE OF Important.

PLACE OF DEATH	9690
County Baltimore	- (64
Village or City Slokester	/(No

Oct-8 1914 marshall B War

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 30

,	St.;Ward)

[It death occurred in a hospital or lostitution, give its NAME instead of street and comber.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	evale 4 color or race 5 single, married, wisowed, orbivorced (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
U _D	Mate of Birth What link, 1 link (Month) (Day (Year)	that I last saw h W alive on Oct 7, 1914.
TA	(=0.17)	and that death occurred on the date stated above, at 3 a m. The CAUSE OF DEATH* was as follows:
(a) pa (b) bus whi	Trade, protession, or chicular kind of work. General nature of industry, iness, or establishment in ch employed (or employer)	Cerebral Hemeflegea (Duration) yrs. mos. / ds. Contributory Third Stoke
- 81	(State or country) Seland.	OSecondary Control
	10 NAME OF RATHER ULL.	(Signed) washall Burst M. D.
PARENTS	of father (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
	12 MAIDEN NAME OF MOTHER // // // // // // // // // // // // //	TAL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HORDITALS, INSTITUTIONS, TRANSPORTED IN THE PROPERTY OF THE PROPERTY
14 _T	13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	OR RECENT RESIDENTS) At place in the ot deathyrs,mosds Where was disease contracted, it not at place of death?
	(Interment) Joseff P Durnen (Address Slaheste Mol	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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V. S. No. 1.

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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No [if death occurred in a hospital or institution, give Its NAME instead ot street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED. ORDIVORCED (Write the word) (Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH act Month) (Day (Year) 7 AGE If LESS than 1 dayhrs. OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration) _ yrs. / mos. 7 ds. which employed (or employer) -----9 BIRTHPLACE (State or country) Contributory Secondary .yrs.....mos. 10 NAME OF FATHER S 11 BIRTHPLACE ARENT OF FATHER (State or countr *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country Where was disease contracted. If not at place of death? usual residence. 19 PLACE OF BURTAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRA

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[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. duties of the household only (not pald Housekeepers the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the fication as Day laborer, Farm laborer, Laborer-(a) Spinner, it should be used only when needed. first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indlvery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, (b) As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcis of lungs, meninges, pertionaeum, etc., Carcin-

ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canscpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenltal," "Senlle," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. LENT DEATHS state MEANS OF INJURY and qualify as ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. The contributory (secondary or intercurrent) (Recommendations on statement of "Exhaustion," Never report For Vio-



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stated EXACTLY.

properly classified. Exact statement

that it may be

See instructions on back of certificate.

Important,

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No. 00 1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.; Ward)

[It death occurred in a hospital or Institution, give its NAME Instead of street and number.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Je fe	ex 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word) Single	(Month) (Day (Year)
6 D	ATE OF BIRTH	Oct. 23, 1914, to Oct. 26, 1914,
TA	(Month) (Day (Year)	and that death occurred on the date stated above, at 9.45 km, The CAUSE OF DEATH* was as follows:
(a) pa (b) bus	CCUPATION Trade, profession, or ficular kind of work	Guicidal intent
9 81	RTHPLACE (State or country) Manufaul 10 NAME OF FATHER 10 NAME OF FATHER	Contributory Uraemia Psychoces. Secondary (Duration) yrs mos ds. (Signed) Henry Sy Xoos M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 Mail 12 MAINER OF MOTHER		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
0	13 BIRTHPLACE OF MOTHER (State or country) Maryland	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds. State yrs, mos ds
	(Informant) Mas Sunge Sink	Where was disease contracted, it not at place of death? Former or usual residence. The disease of the state
16 Fil	ed Nov. 3 1914) V. W, Xooc.	19 PLACE OF BURIAL OR REMOVAL Date OF BURIAL Oct 29, 181. 4 20 UNDERTAKER Philip Rewald + Sin 119 S Cutar St.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestle service for wages, as who receive a definite salary), may be entered as Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avold use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

uant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify us which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeete., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head State cause for Never report



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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH County Registration Dist. No. [If death occorred in St.:---Ward) a hospital or institution. give its NAME Instead of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. DATE OF DEATH MARRIED. WIDOWED. (Month) (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Dav (Year) 7 AGE If LESS than and that death occurred on the date stated above, at alruty f dayhrs. The CAUSE OF DEATH* was as follows: OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in (Duration) which omployed (or omployer) Contributory 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER (Signed) 11 BIRTHPLACE Res ARENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country) mos. . ds. State _____ yrs._ Where was disease contracted. If not at place of death? Former or usual rosidence BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS

REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers minc, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 'Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, ls indefinite): Tubereucisis of lungs, meninges, peritonaeum, etc., Carcin-

genital," mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerreral scotichaccause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" Is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report The contributory "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion,"



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TAGE

PARENT

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BOCCUPATION (a) Trade, protession, or

particular kind of work.

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE

OF FATHER (State or country)

12 MAIDEN NAME

13 BIRTHPLACE OF MOTHER

OF MOTHER

(State or country)

(b) General nature of industry.

business, or establishment in

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilt death occurred in a hospital or institution, give its NAME Instead maggic may Haulkner of street and nomber.] MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH I HEREBY CERTIFY. That I attended deceased from 1914 to Oct. and that death occurred on the date stated above, at 430Welmonary Luberculosis Contributory. Secondary

191.4. (Address) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT

CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.

At place	in the			
ot death yrs mos ds.	State	yrs,	mos.	ds
Where was disease contracted,				

Former or

usual residence. 19 FLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V.

1 PLACE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS

(Month)

Housewife

MARRIED. WIDOWED.

ORDIVORCED (Write the word)

(Day

4 COLOR OR RACE

which employed (or employer) -----

County Baltimore

REGISTRAR

Married

If LESS than

1 day,....hrs.

Mean

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, Irrespective of age. who have no occupation whatever, write None. Scrvant, Cook, Housemaid, etc. who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, If the occupation has As examples: But in many (6)

Statement of cause of death—Name, first, the disease causino death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereutesis of lungs, meninges, peritonaeum, etc., Carcin-

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V. S. No. 1.

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Every Item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT PLAINLY, WITH UNFADING INK-THIS IS A Every Item of information should be CAUSE OF DEATH in plain terms, so WRITE

ounty Backening 2000 120 Village or City Brooklandville (No. 8)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) St.; Ward) [if death occurred in a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
dale Whate Single, Wildowed, Wildowed OR DATE OF BIRTH	October 21, 1914 (Month) (Day (Year) 17 September 1, 1914, to Cet 21, 1914
(Month) (Day (Year) 7 AGE	that I last saw here alive on Och 2 1 1914 and that death occurred on the date stated above, at 12 40 Pm The CAUSE OF DEATH* was as follows: 1 Sught Durce
(a) Trade, profession, or particular kind of work. Returned Alex Charles (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	(Duration)
10 NAME OF FATHER Country) Run Sylvania 12 MAIDEN NAME OF MOTHER 12 MOTHER 12 MOTHER 14 MOTHER 15 MOTHER 16 MOTHER	(Signed) Flackas R milk , M. D. Det 2/, 1914. (Address) Brooklandrelle med
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS THUE TO THE REST OF MY INDIVIDUE OF	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal. 18 Length of Residence (for Hospitals, Institutions, Transients, or Recent Residents) At place in the of death yrs
(Informant) (a. h. Vouve (Address) Balter Wild	if not at place of death? Former or usual residence

1466 Headlo 20 UNDERTAKER If more blanks are needed, address State Registrar, 6 b. Fighklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. Never return "Laborer," "Foreman," the nature of the business or industry, and therefore an who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the misease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of agc. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons

Statement of cause of death—Name, first, the DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

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BINDING FOR RESERVED MARGIN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD A PERMANENT UNFADING INK-THIS IS WRITE PLAINLY, WITH Y. S. No. 1.

'PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No ..

fit death occurred in

FULL NAME	a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARRIED, WIDOWSO, ON (Waste the word)	(Month) (Day) (Year)
S DATE OF BIRTH (Month) (Day) (Tear)	that I last saw h alive on ,191,191
7 AGE yrs mos. ds. or min.? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in	and that death occurred on the date atsted above, st
which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER II BIRTHPLACE (State or country) IX (State or country)	(Signed) (Address) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, or Homicidal.
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE S TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted, it not at place of death? Former or susual residence.
Filed Horse blanks are nowled address State Pouls to	Deut Herforde Feb. 20 UNDERTAKER ADDRESS ADDRESS



[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illduties of the household only (not pald Housekeepers material worked on may form part of the second statement. Never return "Laborer," "Foreman," who have no occupation whatever, write None. been changed or given up on account of the distant Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should he taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The It should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an essary_to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But ln many applies to each and every person, irrespective of age. ness of various pursuits can he known. The question tion is very important, so that the relative healthfui-(a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may he indi-Women at home, who are engaged in the Farmer or Planter, 9

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death—Name affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Theumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." scpsis, tctanus) may he stated under the head of lnjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "PUEEPERAL septichae etc., when a definite disease can he ascertained as the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. For vio-"Heart fallure," "Haemorrhage," "Inaultion," "Marasgenltal," "Senile," etc.), "Coliapse." "Coma," "Convulsions," "Dehility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; affection need not he stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is iess definite; avoid use of "Tumor" for mailgnant neoplasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of __ mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemla," "Weakness," Aiways qualify ail diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can



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RECORD	PHYSICIANS should state of OCCUPATION IS very
RITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate.
Y, WITH UNFADING I	of information should be carefully supplied DEATH in plain terms, so that it may be See instructions on back of certificate.
RITE PLAINL	of information DEATH in plain See instructions

7 AGE

ARENT

15

PLACE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE

6 DATE OF BIRTH

BOCCUPATION (a) Trade, profession, or

particular kind of work... (b) General nature of Industry. business, or establishment in

PEIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE

(Address).

OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)

5 SINGLE,

(Month)

which employed (or employer) ------

MARRIED. WIDOWED,

(Write the word)

(Day)



(Year) It LESS than

If more blanks are needed, address State Registrar, 6 E. Franklin St. Balto., Requesting V. S. No. 1.

1 day hrs

STATE OF MARYLAND CERTIFICATE OF DEATH

St:----Ward)

Registered No.

It death occurred in

a hospital or institution. give its NAME instead

1	leury of street and nomber.
	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH (Oct. 2 45, 1914
	(Month) (Day) (Year)
- 12	17 I HEREBY CERTIFY, That I attended deceased fro
	that I last saw h. M. alive on Oct 2 ad , 191
	and that death occurred on the date stated above, at 150, n
	The CAUSE OF DEATH* was as follows:
	A L
	abound tarona
	operated in a Nor 113 mil of tempony relies
	(Duration) / yrs. mos. d
	(Secondary)
	(Duration) yrs mos 6
	Al-MA(
-	(Signed) NOCI) Certain, M. (Oct 3, 1914 (Address) Foffe MI
-	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTI
-	OR REGENT RESIDENTS
	ot death yrs mos ds. State yrs, mos ds
-	Where was disease contracted, It not at place ut death?
	Former or usual residence
	Stephens Oct 3 191
	20 UNDERTAKER ADDRESS
* 1	

[Approved by U. S. Census and American Public Health
Association.]

it should be used only when needed. As example (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, Irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," As examples: (e)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercu-tosis of lungs, meninges, peritonaeum, etc.. Carcin-

mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purperral septichae cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for mails. cause of death approved by Committee on Nomenclasensis, tetanus) may be stated under the head of such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. For viogenital," "Senile," etc.), "Dropsy," "Exhaustion, Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 de.: affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of _ ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Heart failure," "Haemorrhage," "Inanition." "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-The contributory (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Examples:



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PHYSICIANS RECORD properly classified. Exact statement PERMANENT stated EXACTLY. should be UNFADING INK-THIS IS AGE WRITE PLAINLY, WITH Every Item CAUSE OF Important.

Very PHYSICIANS should of OCCUPATION IS of information should be carefully supplied.

DEATH in plain terms, so that it may be see instructions on back of certificate. PLACE OF DEATH 9698



STATE OF MARYLAND

County Ballimore (7)	CERTIFICATE OF DEATH
10	Registration Dist. No.
Village or City Reasant Kill (No	St.; Ward) [If death occurred in a hospital or institution,
FULL NAME Joshua Caylo	Frank give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
hale 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Oct. (O , 1914 (Month) (Day (Year)
6 DATE OF BIRTH (Month) (Day (Year)	that I last saw h am alive on Och 9 , 191
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 116 m. The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, protession, or particular kind of work	Crewwa ma
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos / 4 ds.
9 BIRTHPLACE (State or country) Balt le	Secondary (Buration)
10 NAME OF Elmer le Frank	(Signed) (Signed) yrs mos ds.
11 BIRTHPLACE OF FATHER (State or country) Balls Leo 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) Ballo loo	At place In the of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted,
(Informant) Elmer & Frank	if not at place of death?
(Address) Owings hills	Pleasont hill Get 12. 1814
Filed Och, 11, 1914 VTURSLANE REGISTRAR	W. Buryman Mong Rigerstown

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specicases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term ou the who have no occupation whatever, been changed or given up on account of the nisease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be iudi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons write Nonc. The question "Foreman,"

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (uame origin; "Canmia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puenperal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marastheuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertakeu. For viocause. "Collapse," "Coma," "Couvulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," The nature of the "Exhaustion," Never report



No. 1. 80

N. B

ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very PERMANENT stated properly classified. should be UNFADING INK-THIS IS AGE of information should be carefully supplied.

DEATH in plain terms, so that it may be see instructions on back of certificate. WRITE PLAINLY, WITH .-Every Item CAUSE OF Important.

1 PLACE OF DEATH

19-1+

9699 (7/4)

STATE OF MARYLAND CERTIFICATE OF DEATH

County	Registration Dist. No. 4
Village or City M. Mashington (No. 6	give its NAME Instead
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale While (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 / HEREBY CERTIFY. That I strended deceased from
Month) (Day (Year)	that I last saw her silve on October 1st, 1914,
7 AGE If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at 2. P.m. The CAUSE OF DEATH* was as follows:
© OCCUPATION (a) Trade, profession, or particular kind of work	Lantera Lealites
(b) General nature of industry, business, or establishment in which employed (or employer) **BIRTHPLACE** (State or country)	(Duration) yrs mod ds. Contributory Anknown
10 NAME OF FATHER Some to Precland 11 BIRTHPLACE OF FATHER 10 NAME OF SOME to Precland 11 BIRTHPLACE OF FATHER 11 BIRTHPLACE OF FATHER	(Signed) Ifm (a Ball, N. B. Ref. 2 , 1914 (Address) 1900 Mary Sund free
(State or country) 12 MAIDEN NAME OF MOTHER Abe to linabeth Boll	*State the DISEASE CAUSING DRATH, or, it deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place in the of death yrs mos ds. State yrs mos ds Where was disease contracted.
(Interment) ada E. Treeland	It not at place of death? Former or usual residence.
(Address) # 6 Hoopes are:	19 PLACE OF BURIAL OR REMOVAL Pork Churchae Church Cot 4., 1914.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR



[Approved by U. S. Census and American Public Health Association.]

cated thus: should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an applies to each and every person, irrespective of age who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. (a) Spinner, Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," If the occupation has As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—In all respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

injnry, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERFERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerrenal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convnisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of..... (name origin; "Canthre of the American Medical Association.) canse of death approved by Committee on Nomenela-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound, of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. Bronchopnoumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of For vio-



WRITE PLAINLY, WITH UNFADING INK-THIS IS A

PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Gounty Ballinore (175)	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No.
VIIIage or City Cevrings Wills (No. Rossever Paul Revise	give its NAME instead
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Whele whower, Lungle	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
November 54 1902	that I last saw h M alive on Oct 5 , 1914.
7 AGE If LESS than a t day hrs.	and that death occurred on the date stated above, st. 1/10 A m. The GAUSE OF DEATH* was as follower: HUW TILL GULTO MATUS Ullidutally
particular kind of work. Humale (b) Beneral nature of industry, Futble was for the business, or establishment in Heable Minds which employed (or employer) Pairthplace (State or country) Manyland	Contributory NIUNUS to Shotwice
10 NAME OF FATHER OF PLANT (S	(Signed) (Boration) yrs mos ds. (Signed) Frank W. Karry, M. D. Oct 5-1, 191 & (Address) Carry Weick, M.
12 MAIDEN NAME OF MOTHER Bleen Brozers	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Internal Frank W. Kealing, M. D. F.	At place of death / yrs. H mos. 7.1 ds. In the State // yrs. 11 mos. 9 ds. Where was disease contracted, If not at place of death?————————————————————————————————————
16 Piled Och 6 1914 Males 2	Place of Burial or Removal Peufaceus One Address Address
REGISTRAR July Oct. State Registrar,	8 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," 9

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerchrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphtheria (avoid use of "Croup"); Tuphoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably childbirth or miscarriage, as "Pureperal septicharture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skuii, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "PUEBPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia." "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measies (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms) : Measles; Whooping cough: Chronic oma. Sarcoma. etc., of . is less definite; avoid use of "Tumor" for mally The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin: "Can State cause for Examples:



RECORD statement PERMANENT EXACTLY. classified. O properly INK supplied. pe UNFADING may that 80 terms, plain 2 of Inform DEATH Item CAUSE OF Every

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state Very should PHYSICIANS shou of instructions See

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No [if death occurred in a hospital or institution. give its NAME Instead of street and number.1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RAGE 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED, ORDIVORCED (Write the word) (Month) (Day (Month) (Dav (Year) TAGE if LESS than and that death occurred on the date stated above, at 10 a. 1 day hrs. The CAUSE OF DEATH * was as follows: OR min. ? Interocolilas BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, OF MOTHER 0 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death yrs. mos. State _____ yrs, ____ mos. __ ds. Where was disease contracted. 14 THE ABOVE IS TRUE TO OF MY KNOWLEDGE if not at place of death?. Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

Physician, Compositor, Architect, Locomotive engineer, should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers statement. applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6. yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question been changed or given up on account of the DISEASE (a) Spinner, first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Nevcr return (b) Cotton mill; (a) Salesman, (b) "Laborer," Laborer As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaectc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," ctc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "Asaffection need not be stated unless important. cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (c. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ture of the American Medical Association. "Contributory." by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-The contributory tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) For vio-



WRITE PLAINLY, WITH UNFADING INK-THIS IS

See instructions on back of certificate.

Every item of information should be CAUSE OF DEATH in plain terms, so important. See instructions on back o

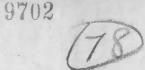
N.B.

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very

RECORD

PERMANENT

PLACE OF DEATH



STATE OF MARYLAND

County Dal Line	Posistantian Diet No.	
Village or City Carney (No. , 2012) 2FULL NAME 20 12 H. Jul	Registration Dist, No	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
male White Single, Married, Widowed, Wilankied Write the word)	16 DATE OF DEATH Community (Month) (Day (Year) 17 I HEREBY CERTIFY. That I attended deceased from	
Selt 25 , 1846 (Month) (Day (Year)	that I last saw h Manalive on Oct & 1914.	
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at	
(a) Trade, profession, or particular kind of work (b) General nature of Industry,	Ciente Certiercler Rheismation	
business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Bclto Co	Gontributory acute Endocardilia Secondary (Duration) yrs mos Z.ds,	
11 BIRTHPLACE OF FATHER (State or country) 13 Olto Co	(Signed) J. LeRoy Night, M. D. (Od 9, 1914 (Address) Rometten Mcd	
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) Perl	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state-(1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the	
(Informant) Man Survey Tuller	of death yrs mos ds. State yrs, mos ds Where was disease contracted, If not at place of death? Former or osual residence.	
(Address) Low 200 and 15 Filed Oct 10., 1914 It It Is blay ton	19 PLACE OF BURIAL OR REMOVAL HISO, COLL OCT. 1914. 20 UNDERTAKER ADDRESS	

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter applies to each and every person, Irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-(a) Spinner, it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) (b) Cotton mill; (a) Salesman, For persons

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

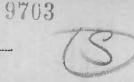
cause. Always qualify all diseases resulting from mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig oma, Sarcoma, etc., of...... (name origin; "Can ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if Impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc, when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genltal," "Scnile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory (secondary or intercurrent) (Recommendations on statement of



PHYSICIANS should state of OCCUPATION is very RECORD PERMANENT EXACTLY. UNFADING INK-THIS IS CAUSE OF Important.

1 PLACE OF DEATH

Baltima



STATE OF MARYLAND CERTIFICATE OF DEATH

County	Registration Dist. No.
Village or City Mt Williams (No. ,	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
2FULL NAME Sufaul du	dy (3) no)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mule White (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
DATE OF BIRTH (Month) (Day (Year)	17 I HEREBY GERTIFY, That I attended deceased from
7 AGE No yrs nos nos or or min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
e OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	Sentue Birth (Burnles) (Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country)	Contributory Secondary
11 BIRTHPLACE OF FATHER (State or country) 10 NAME OF FATHER (WASHER (State or country)	(Signed) Outlease M. D. (Signed) August M. D. Oct 19, 191 4 (Address) M. D. *State the DISEASE CAUSING DEATH or in deaths from Violence
of Mother Lilia J. Boure	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (informant) Aurilian H. Hully	At place of death yrs, mos. ds. State yrs, mos. ds Where was disease contracted, if not at place of death? Former or great recidence.
(Address) nd winaus Filed tet (9 1914 F./F. Rule.	19 PLACE OF BURIAL OR REMOVAL Swarts lemets Class 20, 1914.
Become	Mr No (Pa- 6) 10 0101 PM.

No. 1. ೲ

N. B.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: causing dearii, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise speci-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the who have no occupation whatever, write None. (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter, "Foreman," (7)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia," unqualified, is idefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

cause of death approved by Committee on Nomenciamia," "PUERPERAL peritonitis," etc. etc., when a defluite disease can be ascertained as the nus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcastcs (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." scpsis, tetanus) may be stated under the head such, if impossible to determine definitely. Examples: childbirth or miscarriage as "Puerreral septichac-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of State cause for Never report



BINDING

ESERVED

ARGIN

[Approved by U. S. Census and American Public Health Association.]

catcd thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precisc specistatement. material worked on may form part of the second essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," (6)

Strement of cause of death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid diseasent); Lobar pneumonia; Bronchopneumonia ("Paeumonia," unqualified, is indefinite): Tubercules of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head of "Coutributory." (Recommendations on statement of LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Coutributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaectc, when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Can-The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds., (secondary or intercurrent) "Dropsy," "Exhaustiou," State cause for Never report



RESERVED FOR BINDING MARGIN

V. S. No. 1.

9

N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS

PLACE OF DEATH	9705	3000000 .	STATE OF MA	ARYLAND
Balto.		1001	CERTIFICATE	OF DEATH
		()	Paristration P	Net No H

County Dalte	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City fighlandtaine	St.; Ward) [If dealh occurred in a hospifal or lostitution, give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICUL	LARS MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARRIED, WIDOWED, OR DIVORCED (Write the w	17 I HEREBY CERTIFY, That I attended deceased from
7 AGE 63 yrs mes ds B occupation (a) Trade, profession, or particular kind of work	If LESS than and that death occurred on the date stated above, at & 30.P. m. The CAUSE OF DEATH * was as follows:
(b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Endu Caracteria Secondary
10 NAME OF FATHER OF MAIL 11 BIRTHPLACE OF FATHER (State or country) 12 Malden NAME OF MOTHER 2 OF MOTHER	(Signed) (Si
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence.
(Address) 2 S. // 18 //	19 BLACE OF BURIAL OR REMOVAL DATE OF BURIAL LOW

putilionen & Rrestin

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specishould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of ago. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. (a) Spinner, it should be used only when needed. As examples: For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indlvery important, so that the relative healthful-Women at home, who are engaged in the (b) Cotton mill; (a) Salesman, If the occupation has

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

0CT 7 1914
BULLIAN V.S.

0 C Ш Œ ARGIN

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SIGIANS should occupation is RECORD PERMANENT classified. THIS properly INK supplied. 20 UNFADING may that 80 WITH terms, hould ptain EATH P Item Every Item CAUSE OF Important.

certifical

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instructions

15

12 MAIDEN NAME

13 BIRTHPLACE

OF MOTHER

OF MOTHER (State or country)

Very

STATE OF MARYLAND

CERTIFICATE OF DEATH Registration Dist. No. fif death occurred in -Ward) a hospital or institution, give its NAME instead ot street and number.] PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE, 16 DATE OF DEATH 4 COLOR OR BAGE MARRIED. WIDOWED. (Month) (Day (Write the word) I HEREBY CERTIFY, That I attended deceased from (Day (Year) 7 AGE INLESS than and that death occurred on the date stated above, at.... 1 day The CAUSE OF DEATH was as follow BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which amployed (or employer) BIRTHPLACE Secondary (State or country 10 NAME OF FATHER 11 BIRTHPLACE (Address) PARENT OF FATHER (State or country

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death ____ yrs. mos. ds. State yrs, ____ mos, ___ Where was disease contracted. It not at place of death?-

Former or usual residence.

ent to John Hopkin	19
UNDERTAKER	ADDRESS

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If more blanks are needed, address State Registrar, 6 E. Franklin St., Batto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of ago ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-(a) Spinner, For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the misease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, "Foreman," (7)

Statement of cause of death—Name, first, the msease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Wcakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) (Recommendations on statement of For VIO-



RESERVED FOR BINDING MARGIN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

PLACE OF DEATH 9707	STATE OF MARYLAND
County Salto (28)	CERTIFICATE OF DEATH
, , , , /	Registration Dist. No.
Village or City Mossell asko. The	Ward) [If death occurred is a hospital or institution, give its NAME instead of street and number.]
FULL NAME Leave Ha	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Married Wildowso, Married ORDIVORCED WORD ORDIVORCED WORD WORD WORD WORD WORD WORD WORD WOR	16 DATE OF DEATH (Month) (Day) (Year)
(Witte the worth)	17 I HEREBY CERTIFY, That I attended deceased from
DATE OF BIATH FEB 7, 1849	191 4, to 05 12 191 4
(Month) (Day) (Year)	that I lant saw h. Mann allve on
AGE IT LESS TRAN 1 day,hrs.	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
yrs. 8 mos. ds. ORmin.?	D 4 . 4
(a) Trade, profession, or bugueer particular kind of work	The Islamonals
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs. 3 mos. ds.
BIRTHPLACE (State or country)	Contributory Sums (Secondary)
10 NAME OF FATHER August South	(Signed) (Deration) yrs mos ds.
11 BIRTHPLACE	1512, 1914 (Address) Might for alk My
OFFATHER (State or country) Germany 12 Maiden Name OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
Mulmonn	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place in the of death yrs, mos ds. State yrs, mos ds.
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) Mary E. Lorth.	Former or usual residence
(Address) Morrell Parts	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Oct 3, 1914 TH. Rull REGISTRAR	20 UNDERTAKER ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speciapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a dcfinite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative leaithful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "PURRPERAL scptichacgenital," "Senile," etc.), cause of death approved by Committee on Nomenciasepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart fallure," "Haemorrhage," "Inanition," "Maras "Coliapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Mcasles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ture of the American Medical Association.) Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Dropsy," (name origin; "Can The nature of the "Exhaustion," Never report Examples:



V. S. No. 1.

4 7	
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	
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County Bellium 9708	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 38
Village or City Roll Crobs (No. 7, 2)	Stury for St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIEO, WIDOWED, ORDIVORCEO (Write the word)	(Month) (Pay (Year)) 17 / I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	ane 3 1914 to Off / 1914
(Month) (Day (Year)	that I last saw h a alive on Left 27 1914
7 AGE 11 LESS than t day,hrs. ORmin.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in	Junty Ascitus mos de
which employed (or employer) BIRTHPLACE (State or country) AMence: Co. V. Q.	Contributory That failure Secondary Thomasty
10 NAME OF HOOKEN. GISEN	(Signed) (Doraflon) yrs mos. ds
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or. in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds
(Informant) Savah Green	Where was disease contracted, it not at place of death? Former or usual residence.
(Address) A. Dewy Ore	19 PLACE OF BUBIAL OR REMOVAL DATE OF BURIAL
Filed Oct 2 1914 14 Trole	20 UNDERTAKER TO THE MODRESS
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. 1.

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be Indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persous (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubcreucsis of lungs, meninges, peritonacum, etc., Carcin-

cer" is less definite; avoid use of "Tumor" for maligaffection need not be stated unless valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanttion," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-"Contributory." The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," tetanus) may be stated under the head of Measles (disease causing death), 29 ds.; (Recommendations on statement of Important. For vio-



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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No Ward) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE, 18 DATE OF DEATH 4 COLOR OR RACE ORDIVERCES (Write the word) (Month) (Day I HEREBY CERTIFY, That I attended deceased from OF BIRTH Month) (Day 7 AGE If LESS than and that death occurred on the date stated above, at 1 day,hrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) ot death _____ yrs. ____ mos. ___ State yrs. ____ mos. _ ds. Where was disease contracted. if not at place of death? Former or usual residence 15

If more blanks are needed, address State Registrar, V. Franklin St., Balto., Requesting V. S. No. 1.

Ilt death occurred in

(Year)

a hospital or institution give its NAME Instead of street and number.]

[Approved by U. S. Census and American Public Health Association.]

dnties of the household only (not paid Wousekeepers cases, especially in industrial employments, it is necwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSINO DEATH, state occupation at beginning of ili-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupamany occupations a single word or term on the If retired from business, that fact may be indi-Never return "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head of cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less defiuite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can "Contributory." injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify us which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenltal," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mere symptoms or terminal conditions, such as "As Bronehopneumonia (secondary), 10 ds. The contributory Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," State cause for Never report



PLACE OF DEATH 9710	STATE OF MARYLAND
- Bulting	CERTIFICATE OF DEATH
County Fallungs	Registered No. 37
Village or City Sutherill (No.	St; Ward) [If death occurred I a hospital or Institution give its NAME instead of street and number.]
FULL NAME John W. Dr	Africh
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Wale White Single, MARRIED, WIDOWED, WILLAMUS, WIDOWED, WILLAMUS, WITH the WORD)	(Month) (Day) (Year)
© DATE OF BIRTH Oct. 5 - 1837 (Month) (Day) (Year)	October, 1912, to Oct 4 1914. that I last saw hamalive on Och 3 , 1914.
7 AGE 1 t LESS than 1 day,hrs. 0 cmin.?	and that death occurred on the date stated above, at 3. 4. m The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, protession, or particular kind of work Merchant	Postery
(b) General nature of industry, business, or establishment in which employed (or employer)	Gentributory (Interes Volumes) ds
9 BIRTHPLACE (State or country)	(Secondary) (Ouration) (Ouration) (Ouration) (Ouration) (Ouration)
10 NAME OF CHAM as G. Sniffeth	(Signed) January M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
of Mother Rachael Mathews	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OF RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) Md	At place in the of death yrs mos ds. State yrs mos ds
(Informant) 2 Control of the BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or usual residence
(Address) Calons ville md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Och 4 1914 Badrach ma	20 UNDERTAKER ADDRESS ADDRESS 12 12 11 Have atta
If more blanks are needed, address State Registrar, 6 i	9. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of iiibeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speci-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples: For persons

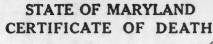
Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease.); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinossis of lungs, meninges, peritonaeum, etc.. Carcinoscip

ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgleal operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purpperal septichaecause. Aiways qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (mereiy symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is iess definite; avoid use of "Tumor" for mailg mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can State cause for Never report Examples:



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sated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very RECORD PERMANENT stated EXACTLY. carefully supplied. AGE should be sit that it may be properly classified. UNFADING INK-THIS IS AGE certificate. of information should be c DEATH in plain terms, so See instructions on back of WRITE PLAINLY, WITH CAUSE OF Important. S



Registration Dist. No.

-Ward)

[It death occurred in a hospital or institution,

FULL NAME Harry O. S.	fackett of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single MARRIED, Single WIOWED. ORDIVORCED ORDIVORCED ORDIVORCED ORDIVORCED	16 DATE OF DEATH OF TO 19 (Year) 17 I HEREBY CERTIFY, That I Mended deceased from
6 DATE OF BIRTH A 19 1892 (Mosyn) (Bay (Vent)	that I last saw h 44 allve on O 6 2 1914
7 AGE 1 LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated shove, at 9 mm, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. A armer	of night ride
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs. 1 mos. 2 ds.
9 BIRTHPLACE (State or country) Maryland	Contributory Secondary (Doration)yrsmosds
10 NAME OF S. T. Hackett	(Signed) E James Milliams, N. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Maryland	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs. mos. ds
(Informant) Hackett	Where was disease contracted, If not at placs of death? Former or usual residence.
(Address) - Frange	19 PLACE OF BURIAL OR REMOVAL OUT OF BURIAL ADDRESS ADDRESS
FILE TO TOTAL	K ()

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the who have no occupation whatever, write Nonc. Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Greery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing meanth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) ACCIDENTAL, SUICIDAL, OF HOMICIDAL, Or as probably childbirth or miscarriage as "Puerperal septichaeaffection need not be stated unless important. cause of death approved by Committee on Nomenclascpsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicidc. Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUEBPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Wcakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Mcasles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measics (disease causing death), 29 ds.; "Senile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," The nature of the Never report



certifical

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Every Item CAUSE OF Important.

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OCCUPATION

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DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTA

(Address)

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons dutics of the household only (not paid Housekeepers who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, ctc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, (b) tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman,"

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ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaethenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failurc," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (disease causing death), 29 ds.; For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

NOV 6 1914
BUREAU, V.S.

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Eyery item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT BINDING 4 2 FOR -THIS RESERVED X UNFADING MARGIN PLAINLY, WITH WRITE

No.

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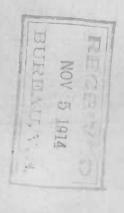
PLACE OF DEATH 9713 67	STATE OF MARYLAND CERTIFICATE OF DEATH
Gounty	Registration Dist. No. 30
Village or Gity leatonsville (No. 1911) 2FULL NAME leharles E.	Carcleslet [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, WIDOWED, ORDIVORCED CONTRACT	(200) (2001)
G DATE OF BIRTH (Month) (Day) (Year)	that I last saw h w allve on Oct 2 www 191
7 AGE 11 LESS that 1 day,hrs ORmin.?	The CALISE OF DEATH * was as follows:
(a) Trade, profession, or particular kind of work	Contributory Gluenel Paresis (Secondary) (Duration) (Secondary) (Secondary)
11 BIRTHPLACE OF FATHER (State or country) Wongland 12 MAIDEN NAME	(Signed) (Signed) (Signed) (Address) (Signed) (Address)
13 BIRTHPLACE OF MOTHER (State or country) Many Land	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death
(Informant) T. A. Cardesly -	it not at place of death? Former or usual residence. Packs, Make
(Address) JOH Pr. Mayelle W-	Sreen Mount Oct, 45, 1914
Filed Oct 2 1914 Maistall 13 Wist	Jus B Cook, ADDRESS 1003 W Ballo &
If more blanks are needed, address State Regis trar,	6 E Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of lif-Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement the nature of the business or industy; and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," If the occupation has For persons

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Creebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold diseasentemental"); Lobar pneumonia; Bronchopncumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

"Contributory." mus," "Old Age," "Shock," ample: Measles (disease causing death), 29 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, If Impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage. as "Puerperal scptichaeetc., when a definite disease can be ascertained as the -Heart failure," "Haemorrhage," "Inanition," "Maras genitai," "Collapse." "Coma," "Convultions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of _ Accidental drowning; Struck by railway train—accimere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report is iess definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of "Dropsy," "Exhaustion," "Traemia," "Weakness," . (name origin; "Can Examples: 20



N. B.

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AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD -Every Item of Information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

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Co	PLACE OF DEATH 97143-0	STATE OF MAR CERTIFICATE OF Registration Dist	DEATH
VIII	PFULL NAME amor Han	Toone St.; Ward)	[It death occurred to a hospital or lostitution, give its NAME lastead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
38	Linal 4 COLOR OF RAGE 5 SINGLE, MARRIED, MANUE A WIDOWED, MANUE A ORDIVERCED (Write the word)	10 DATE OF DEATH Of Bur 37th (Month)	(Day (Year)
6 D	ATE OF BIRTH	17 I HEREBY CERTIFY, That I	· ond
	March 21, 1870 (Month) (Day (Year)	that I last asw h fra alive on Och Le	~ 2 nd 1914
7 A	aE It LESS than	and that death occurred on the date atated a	above, at 6 15 fr
	14 4 yrs 6 mos 2 ds 0R min.?	The CAUSE OF DEATH * was as follows:	0 4 .
	CCUPATION	Estimo Hembrias	Campin &
pa	ticular kind of work / College	Change of Life,	1
bus	General nature of Industry, iness, or establishment in ch employed (or employer) At Larry	(Duration)	yrs 5 mos — di
	RTHPLACE (State or country)	Contributory Change &	40
	10 NAME OF JAM & Paulys	(Signed) Alreadhe	yrs mos ds
NTS	11 BIRTHPLACE OF FATHER	10-5-, 1914 (Address) 25 20	st Berlind
PARENTS	12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, CAUSES, state (1) MEANS OF INJURY; and TAL, SUICIDAL, OF HOMICIDAL.	
	13 BIRTHPLACE OF MOTHER (State or country)	or RECENT RESIDENCE (FOR HOSPITALS, I or RECENT RESIDENTS) At place In the of death yrs mos ds. State	yrs, mos de
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?	***************************************
((Interment) Charles to Heringin	Former or osual residence	
	(Address) 33/5 Joone St	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
15 File	of Oct. 4 19 D. E. The Pauleau	20 UNDERTAKER	ADDRESS (

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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PERMANENT AGI Z supplied. pe FADING may that plai Information DEATH

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Every Item CAUSE OF Important. S

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RECORD

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. It death occurred in Ward) a hospital or Institution, give Its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE, DATE OF DEATH MARRIED, WIDDWED. (Month) ORDIVERCED (Write the word) I HEREBY CERTIFY, That/ Tattended deceased from 6 DATE OF BIRTH (Month (Day (Year) TAGE It LESS than and that death occurred on the date stated above, at 11 4-5 Am 1 dayhrs. OR ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Acciden-(State or country 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death yrs. mos. ds. State yrs. _ Where was disease contracted. HE BEST OF MY KNOW CEDGE It not at place of death? Former or (Interment) usual residence. 15 If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

G. C. McCORMI

NOV 5 1914

BINDING FOR RESERVED MARGIN

W. B. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified, Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A

D

Village or City Oreclea (No Poplar * FULL NAME arma 34 Hay	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [it death occurred in a hospital or lostitution, give lis NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MUDOWED, WHOOMED, WHOOMED, Whoomed, Write the word	(Month) (Day) (Year) 17 HEREBY CERTIFY, That I attended deceased from
(Mghth) (Day) (Year) 7 AGE 1	that I last saw h alive on let g 1914, 191
SOCCUPATION (a) Trade, protession, or particular kind et work (b) General nature of industry, business, or establishment in which employed (or employer) Painthplace (State or country) Balto	(Duration) yrs. mos. ds. Contributory Unil release of Heart (Secondary) (Duration) yrs. mos. ds.
10 NAME OF FATHER Columbiates 11 BIRTHPLACE OF FAICHER (State or country) Service (State or country) Service (State or country)	(Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (M. D. (M. D. (Address) (State the Dismass Causing Dmath, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of Mother Catherine South 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Interment) Catherine Catherine (Interment) Catherine Catherine Catherine Catherin	18 LENGTH OF RESIDENCE (FOR HORPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos. ds. State yrs, mos. ds. Where was disease contracted, if not at place of death?————————————————————————————————————
(Address) Cherlea Mc 15 File 15, 1914 7 FF Gregorian	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Saltimore Cen Oct 19, 1814. 20 UNDERTAKER BOOK DY 6. W. WOR

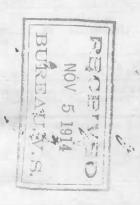
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[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is necness of various pursuits can be known. The question of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. tion is very important, so that the relative lealthfulcated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the dibease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar meumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonaeum, etc.. Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary). 10 ds. ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. er" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of _ "Contributory." The contributory (secondary or intercurrent Always qualify all diseases resulting "Senile," etc.), (Recommendations on statement of "Dropsy," (name origin; "Can death), 29 ds. "Exhaustion, Never report Examples:



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PERMANENT

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PARENTS

16

6 DATE OF BIRTH

BOCCUPATION (a) Trade, profession, or

particular kind of work.

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER

OF MOTHER (State or country)

(b) General nature of Indostry, business, or establishment in

which employed (or employer)

PHYSICIANS should of OCCUPATION IS Exact statement stated EXACTLY. classifled. pe pinous properly supplied. may certificate. that DEATH in plain terms, so See instructions on back of of information should be CAUSE OF Important.

state Very 1 PLACE OF DEATH Ballewore

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No ...

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(Day

(Year

If LESS

1 day.....

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St .:-..Ward)

I'lf death occurred in a hospital or Institution. give Its NAME Instead of street and number.]

	—	1/
2FULL	NAME Marie /	Hemsius

PERSONAL AND STATISTICAL PARTICULARS

(Month

4 COLOR OR RACE

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MEDICAL	. CERTIFICATE	OF DEATH	
16 DATE OF DEATH	Oct	26	, 191
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that I last saw h al	live on	akaut	, 191
and that death occurred			70
The CAUSE OF DEATH *			,
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Contributory			
Secondary	(0,000)	**************************************	-
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Secondary (Signed)	Address) Al	n Car	ner,
(Signed)	(Address) (Addre	or, in deaths and (2) whe	ner, wol ther Accin
(Signed)	(Address) DEATH, INS OF INJURY; ICIDAL. In the	or, in deaths and (2) whe	from Violether Accin
(Signed)	(Address) DEATH, INS OF INJURY; ICIDAL. In the	or, in deaths and (2) whe	from Violether Accin
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If more blanks are needed, address State B

(Address)

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons material worked on may form part of the second who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The been changed or given up on account of the disease who receive a definite salary), may be entered as statement. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcists of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (c. g., sepsis, tctanus) may be stated under the head of "Contributory." (Recommendations on statement of ture of the American Medical Association.) cause of death approved by Committee on Nomenclasuch, If Impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. etc, when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debillty" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-Accidental drowning; Struck by railway train-accimere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for malig-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," For Vio-



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS

	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred is a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Shirts Single, MARRIED, WIDOWED, ORDIVORCED (Write the word) G DATE OF BIRTH Carg 10 4, 1839 (Math) (Day (Year) 7 AGE 1 day, hrs. OR min.?	(Month) (Day (Year) 17 I HEKEBY CERTIFY, That I attended deceased from 191 to C 5 191 that I last saw have alive on 191 that I last saw have alive on 191 that CAUSE OF DEATH* was as follows:
OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) PBIRTHPLACE (State or country) 10 NAME OF FATHER (State or country) LETT AUDITION 11 BIRTHPLACE OF FATHER (State or country) ME 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE 13 BIRTHPLACE	(Signed) (Signe
OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address). 9 2 8 2 June St. 16 File Of 9 - 191 / F Millanalian REGISTRANT	At place of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL St. Alphorosus Com. Date of Burial 20 UNDERTAKER ADDRESS 4038, Woffest Far, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal statement... Never return "Laborer," additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the honsehold only (not paid Housekeepers mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e.g., Farmer or Planter, For many occupations a single word or term on the cated thus: been changed or given up on account of the DISEASE who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-thus: Farmer (retired 6 yrs.) For persons Women at home, who are engaged in the "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid spneumonia," unqualified, is indefinite); Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

affection need not be stated unless important. childbirth or miscarriage as "Puerperal septichaevalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitie," etc. State cause for ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uruemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convalsions," "Debility" (Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably snicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertakeu. is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 "Seuile," etc.), "Dropsy," (Recommendations ou statement of "Exhanstion," For vio-



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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.... It death occurred in St .: Ward) a hospital or institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDDWED. ORDIVDRCED (Month) (Dav I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than 1 dayhrs. The CAUSE OF DEATH * was as lollows: OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed 11 BIRTHPLACE OF FATHER PAREN (State or country) *State the DISEASE CAUSING DEATH, of in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country of death ____ yrs. ___ mos. __ b ds. State yrs, _ Where was disease contracted. OF MY KNOWLEDGE it not at place of death? usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 16 20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

REGISTRAR

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphthcria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septiehac-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Coninjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned The contributory (Recommendations on statement of may be stated under the head (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-State cause for Never report 01



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PHYSICIANS shou RECORD PERMANENT EXACTLY. classified. 4 -THIS properly AGE INK supplied. pa UNFADING may certificate. carefully o WITH See Instructions on back terms, should PLAINLY. plain of Information DEATH in pial 1 Important. CAUSE 0 z

6 DATE

7 AGE

PARENT

15

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE

12 MAIDEN NAME

OF MOTHER

OF MOTHER (State or country

OF FATHER (State or country)

PLACE OF DEATH	9720
County Baltimore	
Village or City Rosso	elle (N



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;.....Ward)

[If death occurred in a hospital or institution.

FULL NAME EUMA Q /	Derruaun give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
Temale White Single, MARRIED WIDOWED WIDOWED (Write the word) (Month) (Day (Year) 7 AGE 1860 (Month) (Day (Year) 1 day,hrs.	(Month) (Day (Year)) 17 I HEREBY CERTIFY, That I attended deceased from 1914, to Och 24 1914 that I last saw here allive on Extra 4 1914 and that death occurred on the date stated above, at 4 20 Qr, m. The CAUSE OF DEATH* was as follows:
OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	Cerebal Heworlags (Duration) yrs. mos 9 ds.

	(Duration)	Yrs. m	os ds
(Signed)	A Clean	ae	. M. D
Och2 1 19	1 (Address) P	ossoe	ele

Contributory

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT .

18 LENGTH OF RESIDENCE (FOR HE OR RECENT RESIDENTS)	SPITALS, IN	STITUTIONS	TRANSIENTS
At place	In the		
of death yrs mos ds.	State	yrs.	mos ds
Where was disease contracted, if not at place of death?	800000000000000000000000000000000000000		11000,,
Former or usual residence			*****************

PLACE OF BURIAL OR F	REMOVAL	DATE OF BURIAL
from Nuthona	alueton	Oct 27 m, 191
POUNDERTAKER	18,1	ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcists of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. Exture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-2accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICINAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarrlage as "Puerperal scotiehae cause. ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgeuital," "Senile," etc.), "Dropsy," "Exhaustlon, mere symptoms or terminal couditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing dcath), 29 ds.; by carbolic acid-probably suicide. The nature of the is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of

" If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

NOV 5 1914
BUREAU, V.S.

STATE OF MARYLAND Very CERTIFICATE OF DEATH si Noi PHYSICIANS show Registration Dist. No. If death occurred in RECORD a hospital or Institution, give its NAME Instead of street and number.] statement PERSONAL AND STATISTICAL PARTICULARS PERMANENT MEDICAL CERTIFICATE OF DEATH 3.SEX 4 COLDROR RACE 5 SINGLE, 16 DATE OF DEATH MARRIED, Marrie WIDOWED, (Write the word) (Month) (Dav 17 I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at. 1 day, hrs. The CAUSE OF DEATH * was as follows: OR 7 BOCCUPATION (a) Trade, profession, or use in particular kind of work. (b) General nature of industry. ESERV business, or establishment in which employed (or employer) certificate. 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER ō (Signed) ARGIN back ARENTS 11 BIRTHPLACE 7, 191 4 (Address) / Lewslerolin pinoy OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-00 12 MAIDEN NAME plain TAL, SUICIDAL, OF HOMICIDAL. Instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) r of death DEAT 14 THE ABOVE IS Where was disease contracted, See OF (Informant) Important. usual residence Every DATE OF BURIAL 15 20 UNDE ADDRESS m ż If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

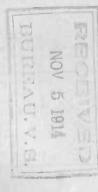
1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or duties of the household only (not paid Housekeepers applies to each and every person, irrespective of age. cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the disease should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. materiai worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many tlon is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, At home. Care As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing dearm (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unquallified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

etc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Cansuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or misearriage as "Puerperal septichace "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Contheula," "Anacmia" (merely symptomatic), "Atrophy." valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Mcasics (disease eausing death), 29 ds.; (Recommendations on statement of "Dropsy," "Exhaustion," State cause for Never report



V. S. No. 1.

A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CTATE OF MADVI AND

PLACE OF DEATH 9722	STATE OF MARYLAND
County Balto (S)	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Hyhland (No. 350,0	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead
2FULL NAME of Drug Wile	vo geslalevi of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4 COLOR OR RAGE 5 SINGLE, MARRIED, WIDOWED, OR DIVDRCED (Write the word)	(Month) (Day (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
oer 23 , 1914	that I last saw h alive on
(Month) (Day (Year)	and that desth occurred on the date stated above, at
yrs	The CAUSE OF DEATH* was as follows:
e OCCUPATION (a) Trade, profession, or particular kind of work	All Don
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country)	Secondary A A A A
10 NAME OF Sd. C Kline	(Signed) (Si
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Q	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL STATES.
THE OF MOTHER CANADA CA	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	Af place in the of death yrs mos ds. State yrs, mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Interment) Company of a sec	Former or usual residence
(Address) 35 Du S Jamberd	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OF 10 10 10 10 10 10 10 10 10 10 10 10 10
Filed DET 26, 191 DE M. Claualian	20 UNDERTAKER Jeiler 4038 Wolfst

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If more blanks are needed, address State Registrar, 6 E. Franklin St. Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

statement. "Manager," "Dealer," etc., without more precise specieated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second additional line is provided for the latter statement; who have no occupation whatever, write None. been changed or given up on account of the disease Housewife, Housework, or At Home, and children, not Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indl-Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the misrase causing nearm (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e.g., LENT DEATHS state MEANS OF INJURY and qualify as mia," "Tuerperal peritonilis," etc. State childbirth or misearriage as "Puerperal scotichacmus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. For vioete., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Scnile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, ctc., of...... (name origin; "Candent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations ou statement of "Dropsy," "Exhaustion," eause for



RECORD PERMAN classified. AG ADING may of DE/ CAUSE OF Important.

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PLACE OF DEATH, STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No [It death occurred inWard) a hospital or institution. give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR DR RACE MARRIED. WIDOWED. (Month) (Dav) (Write the word) HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Year) (Month) (Day) 7 AGE It LESS than and that death occurred on the date stated above, at... 1 day,hrs. OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in (Deration) which employed (or employer) 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF (Address) 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLER CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCUMENT TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death yrs. mos. ds. State yrs. _.... mos. Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE If not at place of death? (Informant) usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 15 20 UNDERTAKER ADDRESS 060 REGISTRAR If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No.

[Approved by U. S. Census and American Public Health
Association.]

Civil engineer, Stationary freman, etc. minc, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISTASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salcsman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," But in many The question For persons

Statement of cause of death—Name, first, the disease causing death—In the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



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V. S. No. 1.

Important.

N. B.

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. UNFADING INK-THIS IS A PERMANENT RECORD WRITE PLAINLY, WITH -Every item of information should be CAUSE OF DEATH in plain terms, s.

Viilage or City_

1 PLACE OF DEATH 9
County Baltin ore

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.-

Catouvelle (No.	Incleside	au st:	Ward)
	9		
Sen a 4	Hough		

[It death occurred in a hospital or institutioe, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Wale 4 COLOR OR RACE 6 SINGLE, MARRIED, WIDDWED, ORDIVORCED (Write the word)	16 DATE OF DEATH OC 19 1914 (Month) (Day (Year)
TAGE May (Monta) (Day (Year) 1 day, hrs. OR. min.?	that I last saw hold alive on 19 1914. The CAUSE OF DEATH* was as follows:
© OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) © BIRTHPLACE	Josefermelus of age. (Buration) yrs mos ds. Contributory Culayed Prostate + Cystelles
State or country) Canall Co Tuck 1D NAME OF FATHER Henry Househ 11 BIRTHPLACE OF FATHER (State or country) Canall Co Mad 12 MAIDEN NAME OF MOTHER Elizabeth Everhalt.	(Signed) — Washall B Wash , M. B. Oct 20 ,1914 (Address) Calourulle *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 Length of Residents (For Hospitals, Institutions, Transients, or Recent Residents)
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Sea & Houch (Address) 2857 to north du	Af place le the ot death yrs. mos. ds. State yrs, mos. ds. Where was disease contracted, if not at place of death? Former or usual residence.
Filed Od-20, 1914 marshall B Wist PEGISTRAR	Breen Mount Cem Oct 22, 1914 20 UNDERTAKER EM Metshelle Farette St.

[Approved by U. S. Census and American Public Health Association.]

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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. lit death occurred le Ward) a hospital or institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SEX 5 SINGLE. 4 COLOR OR RACE DATE OF DEATH MARRIED. WIDOWED. (Write the word) (Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from 17 6 DATE OF BIRTH (Month) (Day (Year) 7 AGE if LESS than and that death occurred on the date stated above, at 1 dayhrs. OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE Contributory Secondary (State or country) (Duration) 10 NAME OF FATHER 11 BIRTHPLACE 291. C. (Address) ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 0 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ____ mos. ____ ds. State yrs. _ Where was disease contracted. THE ABOVE IS TRUE TO If not at place of death? Former or (Interment) usual residence.. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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BINDING FOR RESERVED MARGIN

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. RECORD PERMANENT 4 S UNFADING INK-THIS WRITE PLAINLY, WITH CAUSE OF I No. 1. øż N. B. 20

	1 PLACE OF DEATH	STATE OF MA	RYLAND
	B10 To 3120 (98)	CERTIFICATE C	F DEATH
Go	ounty Table	Registration Di	st. No. 40
V	illage or City Baldwin (No,	St; Ward	[It death occurred in a hospital or institution, give its NAME instead of street and number.]
	FULL NAME Leonge /1.	go ausoca	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	FDEATH
3 5 6	windowed, named	16 DATE OF DEATH O.T. (Month)	27, 1914 (Day) (Year)
10	(Write the word)	17 I HEREBY CERTIFY, That I	attended deceased from
e D	(Month) (Day) (Year)	that I last ssw have alive on Och	27, 1914
7 A	at LESS than	and that desth occurred on the date stated	above at 5 Pm
	3 5 1 day,brs.	The CAUSE OF DEATH * was as follows:	
-	yrs. mos. ds. OR min.?	Pulmonary Z.	cherculosis
(a)	Trade, profession, or None last 5 yras		
bus	General nature of industry, iness, or establishment in ch employed (or employer)	(Duration)	-/ yrs. mos ds.
9 BI	RTHPLACE (Rate or country) Bults Co. Med.	(Secondary)	NPA MAN J
	10 NAME OF A M H. Solusor	(Signed) John S	Leew, M. D.
OFFATHER (State or country)	11 BIRTHPLACE OF FATHER (State or country)	*State the Dispass Causing Death, or,	in double draw War
PAREN	12 MAIDEN NAME Clark	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS.	(2) whether Acciden-
	13 BIRTHPLACE OF MOTHER (State or country)	At place in the ot death yrs mos ds. State	yrs, ds
147	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,	
	(Informant) annie Mohring	Former or usual residence	
15	(Address) Baldwin, Md.	Toh M. E. CHELLY	DATE OF BURIAL
	And ac 11 I when here!	20 UNDERTAKER	101

If more blanks are needed, address State Regis trar, & E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the niseass of persons engaged in domestic service for wages, as should he taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is nec-Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not minc, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should he used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary Arcman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can he known. The question tion is very important, so that the relative mealthful-For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, As examples: For persons "Foreman," 9

Statement of cause of death—Name, first, the disease causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, pertionaeum, etc... Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skuii. and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. childbirth or miscarriage, as "Tuerperal scottchaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Traemia," "Weakness," "Hart fallure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Mcastes (disease causing death), 29 affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of _ ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Collapse." "Coma," "Convulzions," "Dehliity" ("Con-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis er" is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) "Senife," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can-State cause for Examples:



No. 1.

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N.B.

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D 14	CERTIFICATE OF DEATH
County Balto	.38
0	Registration Dist. No.
Village or City Town (No	St.; Ward) [if death occurred in a hospital or institution give its NAME instead of street and number.]
FULL NAME VISSUE SAME JOW	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, MIDOWED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
8 DATE OF BIRTH (Month) (Day) (Year)	Och. 26 1914, to Och 27 , 1914. that I last saw have alive on Och 27 , 1914.
7 AGE i1 LESS than t day,hrs. ORmin. ?	and that death occurred on the date stated above, a 10-9 m The CAUSE OF DEATH* was as follows: Cerebral Weinerships
8 OCCUPATION (a) Trade, profession, or particular kind of work	Ciena auscorpus
(b) General nature of industry, business, or establishment in which employed (or employer)	Gontributory Convellence
9 BIRTHPLACE (State or country) Tourson Bulko 60.	(Secondary)
10 NAME OF FIRMER B. Johnson	(Signed) System Siene M. D
11 BIRTHPLACE OF FATHER Z (State or country) Balto-lo, 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
a your & work	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) Buttolo	At place In the ot death yrs mos ds. State yrs mos ds. Where was disease contracted.
(Informant) Grank B. Johnson	it not at place of death? Former or usual residence
(Address) O o voon.	Pleasant Pest Cem Oct 28, 1914
FILE COST 28, 1914 Class France	Landertaken Sarra Sons Towson
If more blanks are needed, address State Regis trar, 6	

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Mousewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborerstatement. Grocery; (a) Foreman, (b) Automobile factory. who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement the nature of the business or indust j; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., applies to each and every person, Irrespective of age tion is very important, so that the relative healthful-(a) Spinner, Physician, Compositor, Architect, Locomotive engineer ness of various pursuits can be known. The question For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," "Foreman, If the occupation has Farmer or Planter, For persons

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) such, if impossible to determine definitely. cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acct-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purepreal scotichacmus," "Old Age," "Shock," "Traemia," "Weakness," Injury, as fracture of skuil, and consequences (e. g., which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... Bronchopncumonia (secondary), 10 ds. Never report ter" is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can-State cause for "Exhaustion," Examples:



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DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. RECORD PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS A CAUSE OF Important. S

County...

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No

St.: ..Ward) [If death occurred in a hospital or institution,

FULL NAME Still born in	Yaut give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	18 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That X attended deceased from
Month) (Day (Year)	
7 AGE if LESS Man 1 day hrs. OR min.?	and that death occurred on the date stated above, atm The CAUSE OF DEATH* was as follows: An an encephalic monoter still
(a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)	Soyn (Ouration) yrs mos ds
9 BIRTHPLACE (State or country) parawsient M.d. 10 NAME OF FATHER MARKET JONES. 11 BIRTHPLACE OF FATHER (State or country) Inguica. 12 W 12 MAIDEN NAME JONES OF MOTHER OF MOTHER JONES OF	Contributory Placenta Paeria Secondary (Signed) (Doration) yrs mos ds (Signed) , M. G. M
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place in the of death yrs mos ds. State yrs mos ds Where was disease contracted, if not at place of death? former or usual residence.
(Address) 609 J. D. P. Pamour Sout 18 Filed Och. 18, 1914 J. (18 Com) aloma REGISTRAR	19 PLACE OF BURIAL OR REMOVAL Sent to Johns Hopking, 191
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING MEATH, state occupation at beginning of illshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatemeut. material worked on may form part of the second additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. who have no occupation whatever, write Nonc. cated thus: been changed or given up on account of the misease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing definite same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origiu; "Can injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State eause for childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from cte, when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inauition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal-conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head of (Recommendations on statement of For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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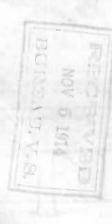
County Daws County	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 4
Village or City (No	St; Ward) e hospital or linstitution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day) (Year) I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH (Month) (Day) (Year)	Get 19, 191 4, to 0 er 2 2, 191 4, that I last saw h 1 alive on 0, 191 4
7 AGE If LESS than 1 day, hrs. OR min. ?	and that death occurred on the date stated above, at
© OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (c) symptoms	(Duration) yrs. mos. ds.
which employed (or employer) BIRTHPLACE (State or country)	Contributory (Secondary) (Quration) yrs mos ds.
OF FATHER 11 BIRTHPLACE (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	(Signed) (Signed) (Address) State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs,
(Informant)	Where wes disease contracted, If not at piece of death? Former or usuel residence.
(Address) 16 Filed (J. 12, 1914) Wilsurus M. REGISTEAR	20 UNDERTAKER ADDRESS

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulmine, etc. statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinat fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenciainjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for ture of the American Medicai Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debliity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ampie: Measles affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallg Accidental drowning; Struck by railway train-accimere symptoms or terminal conditions, such as "A" Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of ___ The contributory (secondary or intercurrent) tetanus) may be stated under the head of Aiways qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (disease causing (name origin; "Candeath), 29 "Exhaustion," Examples: For VIO



UNFADING INK-THIS IS

ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very RECORD A PERMANENT WRITE PLAINLY, WITH DEATH In plain See Instructions of Information CAUSE OF Important. S

PLACE OF DEATH County.... Village or City Home & Thur Rose

STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No.

St;Ward)

[It death occorred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 6 RINGLE, MARRIED, CONTACT WIDOWED, WIDOWED, OR OIVORCED (Write the word)	
G DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I sttended deceased from 191
7 AGE If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, atm The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trado, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or omployer) 9 BIRTHPLACE (State or country) 7 but Bull Co	(Doration) yrs. mos. ds Contributory (Secondary)
10 NAME OF Refuse to home 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	(Signed) yrs mos ds (Signed) , M. D. / State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Horz ford	At place lo the of death yrs, mos ds. State yrs, mos ds. Where was disease contracted,
(Informant) (Informant)	If not at place of death? Former or Usual residence
(Address) The buy pa	20 UNDERTAKER DATE OF BURIAL DATE OF BURIAL DATE OF BURIAL ADDRESS ADDRESS
If more blanks are needed, address State Registrar	C. E. Mosice Sarktought, 6 E. Franklin St., Balton, Requesting V. S. No. 1. 19. 4.

[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Screant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as minc, etc. statement. material worked on may form part of the second Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salcsman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," without more precise speci-Farmer or Planter, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lodar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tubereulosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencia-"Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Pueneral septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Craemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) mere symptoms or Bronchopncumonia (secondary), 10 ds. oma. Sarcoma. etc., of ... is less definite; avoid use of "Tumor" for mailg-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of terminal conditions, such as "As (name origin; "Can State cause for Never repor Examples:



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JO. Instructi c ō mportant. Every

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in a hospital or Institution, give its NAME Instead of street and number. I Tuniquenda Stay PERSONAL AND STATISTICAL MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED, Harried ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from (Month) (Year) 7 AGE if LESS than 1 day hrs. OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) Contributory..... 9 BIRTHPLACE (State or country) Secondary ARENTS OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. 13 BIRTHPLACE At place OF MOTHER (State or country State yrs. mos. ds. Where was disease contracted, KNOWLEDGE if not at place of death? Former or 15 29 UNDERTAKER ADDRESS

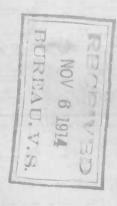
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutles of the honsehold only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has fication as Day laborer, Farm laborer, Laborermaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salcsman, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be Indl-Womcu at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

nus," "Old Age," "Shock," "Uraemia," "Weakness," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee ou Nomenclu-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehae. ctc., when a definite discase can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report affection uced not be stated unless important. The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of For vio-



OCCUPATION Registered No [It death occurred inWard) a hospital or institution. give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS MARDIED, 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE WINOWED, BINDING (Month) Write the word) I HEREBY CERTIFY, That I attended deceased from B DATE OF BIRTH 4 (Day) (Year) (Month) if LESS than and that desth occurred on the date stated above, at 1 dayhrs. OR ? properly BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in may which employed (or employer) -----/..... ⁹ BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER, (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENTS CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDER-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place in the OF MOTHER (State or country of death _____ yrs. ___ mos. ... State _____ yrs. ____ mos. ___ ds EAT Where was disease contracted. it not at place of death?.... A Former or OF usuai residence. mportant. CAUSE DATE OF BURIAL 15 If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto,, Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health
Association.]

causing death, state occupation at beginning of illcated thus: Farmer (retired 6 yrs.). been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specinaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, etc. statement. it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salcsman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: For persons (6)

Statement of cause of death—Name, first, the disease causino death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc., Carcinosis of lungs, meninges, peritonacum, etc., Carcinosis

by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vromia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purrerral scotichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion, thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for mailgture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head of lnjury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably "Ileart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic Bronchopncumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of ... The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Examples:



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT UNFADING INK-THIS IS WRITE PLAINLY, WITH

RECORD

11	PLACE OF DEATH 9733	STATE OF MARYLAND
C	haltimus 66	CERTIFICATE OF DEATH
County.(-		Registration Dist. No. 36
Village or	roughear Parklon (No. ,	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
•	*FULL NAME / Margaret Ran	ffman of street and number.
F	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fem.	ale While or construction of the construction	(Month) (Day (Year)
6 DATE OF	BIRTH June 20 F33	100 Colores 6 1914 to 100 Colores 0, 1914)
7 AGE	(Month) (Day (Year)	that I last saw h etc alive on Istable 9 1914
AGE	If LESS than 1 day,hrs.	and that death occurred on the date stated above, at 199 m,
		The CAUSE OF DEATH* was as follows:
(a) Trade, pr		S'ascal Sandigara
(b) General business, or	nature of Industry, establishment in red (or employer)	(Duration)mosds.
	ACE or country)	Secondary Sulverturing Occhesion
10 NA FA	ME OF Frederick & authorized	(Signed) (Ouration) yrs mos ds.
_ 0	RTHPLACE FFATHER tate or country)	*State the Disease Causing Death, or, in deaths from Violent
AA OI	IDEN NAME Anna Haalou	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIR OF (S	RTHPLACE MOTHER tate or country)	OR RECENT RESIDENTS) Al place In the of death yrs mos ds. State yrs mos ds
14 THE AB	OVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?
(Intormani	William Zaufman	Former or usual residence
(Add	tress) Larkton mid	April Morked to Date of Burial
A	Thereid 1914 EM Leysla MAGO	20 UNDERTAKER ADDRESS
11100000	REGISTRAR	Co-Losini Miller Prople

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise speci-Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. statement. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as material worked on may form part of the second it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) who have no occupation whatever, write None. been changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has Grocery; (a) Foreman, (b) Automobile factory. Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

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WRITE PLAINLY, WITH UNFADING INK-THIS IS

AGE should be stated EXACTLY. PHYSICIANS should properly classified. Exact statement of OCCUPATION is

should be

AGE

carefully supplied.

N. B.—Every item of information should be carefully su CAUSE OF DEATH in plain terms, so that it m. Important. See instructions on back of certificate.

RECORD

PERMANENT

No. 1. V. S.

1 PLACE OF DEATH



STATE OF MARYLAND

7. Schroeder

County Baltimore	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City St agrees It (Notatal) 2FULL NAME Mr. Jimothy J	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH (Month) (Day (Year)	that I last saw harmalive on Oct 10 1914
7 AGE (Stotter) (Day (Tear) 1 LESS than 1 day,hrs. 0R	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	Contributory Juliusury Others
OF FATHER State or country) 10 NAME OF FATHER Shown as Tearting.	(Signed)
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)	*State the DISEASE CAUSING DEATH, of, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal. 18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS) At place 3 Aug. In the of death yrs mos ds
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Miss Flating	Where was disease contracted, if not at place of death? Former or usual residence ODD Bennett Clace
Filed HM. 3, 191 + /X. X. XOOZ.	19 PLACE OF BURIAL OR REMOVAL Pattredval Com. 20 UNDERTAKER ADDRESS 7 7 7 7 Schrode

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

tion is very important, so that the relative healthfuleated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At sehool or At home. statement. Giocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avold use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, Is Indefinite): Tubereuless of lungs, meninges, peritonaeum, etc., Carcin-

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state

[Approved by L. S. Census and American Public Health Association.]

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should in OCCUPATION PHYSICIANS PERMANENT classified. 4 S INK-THIS properly supplied. UNFADING carefully sur that it ma f certificate. WITH 0 ATH in plain instructions DEAT WRITE 50 Item OF Every Item CAUSE OF Important.

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back

Very

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH County. Registration Dist, No. Ilf death occurred inWard) a hospital or institution. give Its NAME lestead of street and number.] 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SEX SEINGLE, DATE OF DEATH 4 COLOR OR RACE MARRIED, Married 1914 WIDOWEDY (Year) (Month) (Day (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Mon! (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at t day,.....hrs. The CAUSE OF DEATH* was as follows: OR ? Jule rentvars BOCCUPATION Baker (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) _ which employed (or employer) --Contributory BIRTHPLACE Secondary (State or country) (Doration) _____yrs____ 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death _____ yrs. ____ mos. ____ ds. State _____ yrs, ____ mos., Where was disease contracted. If not at place of death?-Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

REGIST

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

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ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerrenal septichaevalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of Never report



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

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Village or City Plate Bertha Maria	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 30 [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARRIED, WIDDWED, DRDIVORCED (Write the word) 8 DATE OF BIRTH 4 COLOR OR RACE MARRIED, MIDDWED, DRDIVORCED (Write the word) 1 889	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from (191) (191)
(Month) (Day) (Year) 7 AGE 25 yrs. 2 mos. 2 ds. OR min.?	and that death occurred on the date stated above, at 5.30 cm, The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	Cereira - Previe files (Duration). Tyrs. 6 mos. ds.
9 BIRTHPLACE (State or country) Wen fork.	Contributory (Secondary)
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER WAS LESCUTA	(Signed) , M. D. *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
of MOTHER wa fefsetty 13 BIRTHPLACE OF MOTHER (State or country) Russia	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs. mos. ds. Stete yrs. mos. ds
(Informant). 6276. Palt H.	Where wes disease contrected, if not at piece of deeth? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Oct 29 1914 Marshall Burst REGISTRAR If more blanka are needed, address State Regis trar, 6	Hehren Washington Nood Address 20 UNDERTAKER ADDRESS B. Franklin St. Balto. Requesting W. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Mousewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," If the occupation has Farmer or Planter, As examples:

Statement of cause of death—Name, first, the disease causing death—In all expect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc... Carcin-

childbirth or miscarriage. as "l'unemman scottchaegenital," valvular heart disease; Chronic interstitial nephritis cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "PUERPERAL peritonitis,", etc. State cause for etc., when a definite disease can be ascertained as the -Heart failure," "Haemorrhage," "inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing affection need not be stated unless important. uant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of _ ture of the American Medical Association.) sepsis, tctanus) dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) "Old Age," "Shock," Niways qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of may be stated under the head "Traemia," "Weakness," (name origin; "Can death), 29 ds. Examples:



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.;....Ward)

[It death occurred in a hospital or Institution, give its NAME Instead

FULL NAME Maamie Lega	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale White of Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH Jel 4, 189. (Month) (Day (Year)	ang 6, 1914, to Oct 9, 1914,
7 AGE It LESS tha 1 day,hrs	The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of industry,	
business, or establishment in which employed (or employer)	Contributory Analysis
(State or country) Maryland. 10 NAME OF FATHER 2 acharias Legal 11 BIRTHPLACE OF FATHER (State or country) W Maryland 2 MAIDEN NAME OF MOTHER	(Signed) (Duration) yrs mos ds. (Signed) 4 (Address) 1 (Address)
of Mother Ratherine Meland 13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs. 2 mos. 3 ds. State yrs. mos. ds Where was disease contracted, It not at place of death?
(Informant) N. Legae (Marine) 1002 Bould Stant	Former or usual residence
Filed 2000, 3, 1914 Henry H. LOOP REGISTRAR	Int. Olives Cemetery Oct. 11. 191. 4. 20 UNDERTAKER John. J. Flields 1200 St. Lombard.
If more blanks are needed, address State Res	gistrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a dcfinite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. Civil engineer, Stationary freman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumouia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

ratvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify us which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a defluite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras geuital," "Senile," etc.), "Dropsy," "Exhaustiou," "Collapse," "Coma," "Couvulsions," "Debility" ("Coutheuia," "Anacmia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. affection uecd not be stated unless important. The contributory Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for Never report



W. S. No. 1.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Village or City Lauraville (No. 21)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in a hospital or lostitution,
* FULL NAME Henry E. Log	give its NAME lostead of street and oumber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWER, WIDOWER, WIDOWER, WIDOWER, WIDOWER, WIDOWER, WIDOWER, WITH the Word)	18 DATE OF DEATH (Month) (Day) (Year) 17 1 HEREBY CERTIFY, That I attended deceased from
September 5th, 1845. (Month) (Day) (Year)	that I last saw Hu alive on Constitution 1914
7 AGE If LESS than 1 day,hrs. ORmlo.?	and that death occurred on the date stated above, at 380 m. The GAUSE OF DEATH * was as follows:
(a) Frade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer)	(Buration) Myrs. mos. ds.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 10 NAME OF FATHER	Contributory (Secondary) (Beratian) yrs mes ds. (Signed)
OF THE STATE OF MOTHER OTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
OF MOTHER Margaret Nicolai 13 BIRTHPLACE OF MOTHER (State or country) Germany	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place Io the of death yrs, mos, ds. State yrs, mos, ds.
(Informant) Chase a albreat	Where was disease contracted, If oot at place of death? Former or usual residence
(Address) No 24 aska are Lauraville 15 Filed Oct 20, 191 - Consum REGISTRAR	Baltimore ametery october 21, 1914 20 UNDERTAKER Storge Schilling + Sons //26 & Mourment
If more blanks are needed, address State Registran	

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. niaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, (b) For persons "Foreman,"

Statement of cause of death—Name, first, the dibrable causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionaeum, etc.. Carcinosis of lungs, meninges, periionaeum, etc..

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: childbirth or miscarriage, as "Purpresal septichaeture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acct ACCIDENTAL, BUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis which surgical operation was undertaken. For vio-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As ample: Measles affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of __ The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (disease causing (name origin; "Candeath), 29 "Exhaustion,"



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Village or City Morrell Park (No. 2 FULL NAME William R.	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. St; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Sengte, Married, Widowych, Married, Widowych, Married, Widowych, Married, Widowych, Married, Widowych, Widowych, Married, Widowych the word) **DATE OF BIRTH MOV 18 (Month) (Day) (Year)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 191 , 19
TAGE If LESS than 1 day,hrs. ORmln.? GOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry,	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows: Found shot in head by 3 reliber Pistol Head (Self Inflited)
business, or establishment in which employed (or employer). Short Machine Co. BIRTHPLACE (State or country) Batto, Mid. 10 NAME OF FATHER Stephen. L. Rynch.	Contributory (Secondary) (Deration) (Deration) (Signed has, Hall/lorency Jax Wine Higher States) (Signed has, Hall/lorency Jax Wine Higher States) (Signed has, Hall/lorency Jax Wine Higher States)
12 MAIDEN NAME OF MOTHER War, Elizabeth 13 BIRTHPLACE OF MOTHER War, Elizabeth 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) A Bullle Lynch	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS. INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs
(Address) Novell Park, Hatethrope, Ind 15 Filed Set 24, 191 4 The Registran If more blanks are needed, address State Begistran	19 place of Burdal or REMOVAL 20 INDERTAKER ADDRESS T, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at heginning of ilibeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care minc, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specinaterial worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as statement. Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can he known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Never return "Laborer," "Foreman." If the occupation has Farmer or Planter, For persons (a)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"): Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionacum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencia "Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS, OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purreman septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Dehility" ("Conthenia," "Anaemia" (mereiy symptomatic), "Atrophy," ample: Measics (disease causing death), 29 ds.; cer" is less definite; avoid use of "Tumor" for maligmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of The contributory (secondary or intercurrent) "Senile," etc.), "Dropsy," "Exhaustion, (Recommendations on statement of (name origin; "Can State cause for Examples:



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PHYSICIANS

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. NoWard) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS S SINGLE, 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, (Month) (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day) 7 AGE It LESS than and that death occurred on the date stated above, at f day hrs. OR mio. ? BOCCUPATION (a) Frade, protession, or particular klod of work. (b) General nature of industry. business, or establishment in (Duratioo) which employed (or employer) Contributory..... certificate. 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER (Signed) 50 back 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-6 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER Instructions 0 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country ot death ____ yrs. ___ mos. ___ ., ds. State _____ yrs, ____ mos, Where was disease contracted. MY KNOWLEDGE BESTOF it not at place of death?. usual residence. Every Item CAUSE OF Important. 15 20 UNDERTAKER REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

Ilt death occurred in

a hospital or institution.

give its NAME instead at street and number. 7

DATE OF BURIAL

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Housewife, Housework, or At Home, and children, not mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative mealthfulthe nature of the business or industry, and therefore an Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (g)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "(Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinoses

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. mia," "Puerperal peritonitis," etc. childbirth or miscarriage, as "PURRPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness, "Heart failure," "Haemorrhage," "Inanition," "Marasby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of _ The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," (name origin; "Can-State cause for "Exhaustion," Examples: For vio-



PHYSICIANS should of OCCUPATION is A PERMANENT RECORD AGE should be stated EXACTLY. MARGIN RESERVED FOR BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS carefully supplied. Every item of information should be CAUSE OF DEATH in plain terms, s

V. S. No. 1.

N. B.-

state

VIIIage or City Highlandtourns. 2FULL NAME Ed. V. Me	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 4 St.; Ward) [It death occurred is a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color of Race Single, MARRIED, Suigle Of Date of Birth Male Color of Race Single, MARRIED, Suigle Of Solvorged (Write the word) Mighth) (Day (Year)	16 DATE OF DEATH 10 - 20 -, 191- (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from 191- (Month) (Day (Year) (Year) 18 DATE OF DEATH (Month) (Day (Year) (Year) 19
7 AGE (Moth) (Day (Year) 1 (LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated abova, at 5,30 Ån The CAUSE OF DEATH* was as follows:
SOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country.)	Contributory & haustion Contributory & haustion Secondary Maintributory & haustion
10 NAME OF FATHER William McCullers 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country)	(Signed)
(Informant) Father me Cullers (Address) St. Helens 16 Filed QCS. 21, 1914 W. E. McClanala REGISTRAR	Where was disease contracted, If not at place of death? Former or USUAL TESIDENCE 19 PLACE OF BURIAL OR REMOVAL ADDRESS THE ABOVE White 1702 Grand of All All All All All All All All All Al

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekcepers mine, etc. "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; who have no occupation whatever, write None. been changed or given up on account of the disease who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tlon is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, If the occupation has As examples: "Foreman," (d)

lesis of lungs, meninges, peritonaeum, etc., Carcin-("Pneumonia," unqualified, is Indefinite): Tubercupneumonia"); Lobar pneumonia; Bronchopneumonia "Croup";) 3Typhoid fever (never report "Typhoid brospinal meningitis"); Diphtheria (avoid use of causing death (the primary affection with respect to faver (the only definite synonym is "Epidemic cereterm for the same disease. Examples: Cerebrospinal tlme and causation), using always the same accepted Statement of cause of death-Name, first, the DISEASE

> ture of the American Medical Association.) nant neoplasms); Meastes; Whooping cough; Chronic cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or mlscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Seuile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inauition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of State cause for

tions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. If this certificate is looked over thoroughly and all ques-

22 STODE VI BUREAU, V.S. BUREAU, V.S. な見のデットラン NOV 6 1914 DEC 151914

BINDING MARGIN RESERVED FOR

W. B. No.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. RECORD PERMANENT A SI UNFADING INK-THIS WRITE PLAINLY, WITH





	PLACE OF DEATH 9742	STATE OF MARYLAND
	Balta	CERTIFICATE OF DEATH
	Milage or City Hellsdals (No.//4,	Registration Dist. No. 31 Herest Case St.; Ward) [If death occurred is a hospital or institution
	* FULL NAME Sufant child of	Les Martha M. Give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
33	4 COLOR, OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 0	ATE OF BIRTH	, 191, to, 191,
	(Month) (Day) (Year)	that I laat saw h, 191,
7 A		and that death occurred on the date stated above, at
	yrs	The CAUSE OF DEATH * was an follows:
(8	CCUPATION) Frade, profession, or rlicular kind of work	Je Juli Oznite
(b) bus	General nature of industry, iness, or establishment in ich employed (or employer)	(Duration) yrs. mos ds.
9 B	IRTHPLACE tate or country) Salts & Sai	Contributory (18 Cas Geration) (Secondary) for stars & Cas (Ouration) yrs mos ds.
	10 NAME OF Ses MM Finn	(Signed) 202, X. Miel sely, W. D.
ENTS	11 BIRTHPLACE OF FATHER (State or country) (State or country)	*State the Disease Causing Death, or, in deaths from Violent
PARE	12 MAIDEN NAME Martha Salters	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HORSTALS INSTITUTIONS TRANSPORTED
	13 BIRTHPLACE OF MOTHER (State or country) Bullo Co Ind	At place In the of death yrs, mos, ds. State yrs, mos, ds.
	(Informant) A A M. Herrin	Where was disease contracted, If ool at place of death?————————————————————————————————————
	(Address) Hillschall Tud	19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL
15 FII	00 Set-1st, 1914 a. C. Sumb	20 UNDERTAKER ADDRESS ADDRESS
	REGISTRAR	SIMUI ROOM VOIDUIDENS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulmaterial worked on may form part of the second Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid demonda"); Lodar pneumonia; Bronehopneumonia ("Pneumonia," unqualified, is indefinite); Tubereulosis of tungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Purperal septichaeture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skuil, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maraswhich surgical operation was undertaken. For vio-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malls oma. Sarcoma. etc., of __ The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," __ (name origin; "Can-"Exhaustion," Examples:



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OCCUPATION PHYSICIANS ō PERMANENT EXACTLY. classifled. should INK-THIS properly supplied. be UNFADING may certificate. Carefully 80 of WITH be on back terms, should WRITE PLAINLY in plain Information DEATH 10

1 PLACE OF DEATH state Very County Baltimore 10 pinous PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. ORDIVORCED (Write the word) Single TE OF BIRTH (Month) (Day (Year) 7 AGE It LESS than t dayhrs. min. ? BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) State or country) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) 12 MAIDEN NAME See Instructions OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country TO usual residence. mportant. Every It PLACE OF BURIAL OR REMOVAL m

REGISTRAP

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

lit death occurred to .Ward)

a hospital or institution, give its NAME instead of street and number. 1

DATE OF BURIAL

ADDRESS

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH	(Month)	(Do. 7	, 191.4 (Year)
17 I HEREBY C	ERTIFY, That		
	, to Oc	114	1914
hat I last saw harmalive	on <i>O</i>	ct. 14	, 191 ±
and that death occurred on t	he date state	d above, at	6 10 m,
The CAUSE OF DEATH* WE	A . /		1
Cerebral	Haen	sorrha	96.
100000000000000000000000000000000000000			
***************************************	*************	*****************	
······	(Duration)	угз	.mosds.
Contributory Bevery Secondary	e labro	2	
	(Duration)	yrs	mos A ds.
(Signed) Cauru	1-12	arte	C. N. C.
Oct 14, 1914 (Addr	ess) Pla	gnes /	ospital
*State the DISEASE CAUS CAUSES, state (1) MEANS TAL, SUICIDAL, OF HOMICIDA	SING DEATH, OF INJURY;	, in deaths ind (2) whet	rom VIOLENT her ACCIDEN-
18 LENGTH OF RESIDENCE OR RECENT RESIDENTS) At place of death yrs mos Where was disease contracted.	in the		

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulwho have no occupation whatever, write None. causing neath, state occupation at beginning of ill-(a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupamany occupations a single word or term on the If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," The (0)

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nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for Never report



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SICIANS should OCCUPATION IS PHYSICIANS RECORD statement PERMANENT EXACTLY. Exact classified. pe should properly INK supplied. pe UNFADING тау that 80 terms, plain Information 5 DEATH 9 Item POF Every It -

STATE OF MARYLAND PLACE OF DEATH Very state Baltemore CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in a hospital or lostitution. give its NAME instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED. (Day (Month) (Year (Write the word) I HEREBY CERTIFY, That J attended deceased from DATE OF BIRTH (Month TAGE If LESS than and that death occurred on the date stated above, at 12 f dayhrs. The CAUSE OF DEATH * was as follows: OR min. ? GOCCUPATION (a) Trade, profession, or un particular kind of work. (b) General nature of Industry, business, or establishment in (Guration) which employed (or employer) certificate. 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER 0 back PARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT uo. CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN "NAME TAL, SUICIDAL, OF HOMICIDAL, Instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death ____ mos. __ State _____ yrs. Where was disease contracted. 14 THE ABOVE See If not at place of death? Former or usual residence Important. DATE OF BURIAL (Address).----15 20 UND If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Filed 6et 31, 1914

PHYSICIANS should state of OCCUPATION Is very RECORD

Exact statement PERMANENT properly classified. UNFADING INK-THIS IS DEATH in plain terms, so See instructions on back of WRITE PLAINLY, WITH of Information should CAUSE OF Important.

1 PLACE	OF DEATH	9745
15	4.	

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No

Vil	2FULL NAME Edward Mr	St.; Ward) a hospital or institution, give its NAME instead of street and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 s	ex 4 COLOR OR RACE 5 SINGLE, MARRIED, MASSIED WIDOWED, ORDIVORCED ORDIVORCED ORDIVORCED ORDIVORCED ORDIVORCED ORDIVORCED ORDIVORCED	16 DATE OF DEATH Stokes 30, 1914 (Years)
6 D	ATE OF BIRTH Sov 2, 1860 (Month) (Day (Year)	17
7 A	()	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of indostry, business, or establishment in which employed (or employer).		Snotigention and Mart Throuble (Duration) yrs mos ds.
OF FATHER (State or country) Maryland 10 NAME OF FATHER (Share Of Country) 11 BIRTHPLACE OF FATHER (State or country) (State or country) 12 Maiden NAME OF MOTHER OF MOTHER		Contributory Secondary (Duration) (Signed) (Signed)
14 7	13 BIRTHPLACE OF MOTHER (State or country) Germany THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Lauras Masin	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, If not at place of death? Former or usual residence
	(Address) Rossvelle Md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Ballo., Requesting V. S. No. 1.

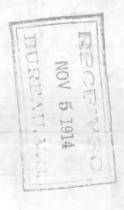
REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; cases, especially in industrial employments, it is necbeen changed or given up on account of the disease material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive first line will be sufficient, e. g., Farmer or Planter, For many occupatious a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary froman, etc. But in many Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return Farmer (retired 6 yrs.) For persous "Laborer," As examples: "Foreman," cngincer, (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) ³Typhoid fever (never report "Typhoid disease). Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., mia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," nant neoplasms); Meastes; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage: as etc., when a defiuite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Deblity" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminai conditions, such as "Asample: Meastes (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "PUERPERAL scptichac-



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). duties of the household only (not paid Housekeepers who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: The question For persons "Foreman," (6)

Statement of cause of death—Name, first, the dibeable Causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinotaeum, etc...

scpsis, tetanus) may be stated under the head of such, if impossible to determine definitely. mia," "PUEEPERAL peritonitis," etc. State cause for ture of the American Medical Association. cause of death approved by Committee on Nomenclainjury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failnre," "Haemorrhage," "Inanition," "Maras-"Coliapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asampie: Measles etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritis, "Contributory." Bronchopneumonia (secondary), 10 ds. Never seport nant neopiasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of _ "Senile," etc.), "Dropsy," (Recommendations on statement of (disease causing death), 20 (name origin; "Can-"Exhaustion, Examples:



Very

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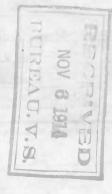
If more blanks are needed, address State Registrar, 6 E. Frankin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is necwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gaiufully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner; (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using aiways the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Caroin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Contienia," "Auacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malig-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion,"



V. S. No. 1.

PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS N. B.—Every Item of Information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be Important. See instructions on back of certificate.

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.; Ward)

[If death occurred in a hospital or institution, give its NAME Instead of street and number.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SI	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word) Single	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from Oct. /2 1914, to Oct. 3 0 1914.
7	(Month) (Day (Year)	that I last saw have alive on Och 30 191
(a)	Trade, profession, or the cular kind of work. If LESS than 1 day, hrs. or the cular kind of work.	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
bus	General nature of Industry, iness, or establishment in ch employed (or employer) RTHPLACE (State or country)	Contributory Sulmanay Oslows
ARENTS	10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed) Norbest C. Nitash M. D. Oct 30, 1914 (Address) Stage Harfall *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.
D.	OF MOTHER To not know 13 BIRTHPLACE OF MOTHER (State or country) To not know. HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of deathyrs
(Informant) Brother nasters		Former or osual residence MM. St. Fosephis College
16 Fli	ed Mari 3, 191 4 Henry H. Good REGISTRAR	Cathedral Come hery nov. 2. 181.4. 20 UNDERTAKER ADDRESS 703 Hansver St.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when necded. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of ago. ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgvalvular heart discase; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICINAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for Never report



MARGIN

S. No. 1.

B.I ż

PHYSICIANS should state of OCCUPATION is very RECORD PERMANENT stated EXACTLY. properly classified. should UNFADING INK-THIS AGE carefully supplied. See instructions on back of certificate. WRITE PLAINLY, WITH Every item of information should be CAUSE OF DEATH in plain terms, se DEATH in piain terms, Important.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.; Ward)

[It death occurred in a hospital or Institution, give its NAME instead of street and number.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	ale White (Write the word) Manie	16 DATE OF DEATH Och 27, 1914 (Month) (Day (Year)
6 DAT	TE OF BIRTH .	2
		aug 3, 1914, to Och 27, 1914.
	(Month) (Day (Year)	that I last saw hand alive on Och 47, 1914.
7 AGE	It LESS tha	and that death occurred on the date stated above, at
	744 1 day,hrs	The CAUSE OF DEATH* was as follows:
Book	CUPATION TOS	- Carcinoma d'reclum -
	rade, profession, or	1
	cular kind of work davace	
busine	General nature ot industry, ess, or establishment in	(Durollan)
	employed (or employer)	(Duration) yrs mos ds.
BIR	THPLACE State or country)	Secondary Prevation & Chr. neplinitis
1	10 NAME OF	(Doration) yrs mos ds
	FATHER A	(Signed) Henry A oos M. D.
SO -	11 BIRTHPLACE	Oct. 27, 1914 (Address) St Dance Hope
ENT	OF FATHER (State or country)	
	12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
PA	OF MOTHER Mary Kennedy	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
1	13 BIRTHPLACE	OR RECENT RESIDENTS
	OF MOTHER (State or country)	at place of death yrs. 2 mos. 2 ds. state yrs. mos. ds
14 TH	E ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?
/le	stormant Miss Mary Morrisa	Former or
(10	NO MAIL)	osual residence 1331 Woody car St
	(Address) 30 Worth Land	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	Mar 32/ 17/ 1/2/ P	St. Teler's Cenelry Cct. 30, 191 4
Filed	100. × 1914 / Hury N. X000.	20 UNDERTAKER ADDRESS
	REGISTRAR	John bowan 90, HollingSt

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcausing dearii, state occupation at beginning of illbeen changed or given up on account of the disease who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. Statement of occupation-Precise statement of occupamany occupations a single word or term on the If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefiuite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic mus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... scpsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaegenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aceidental drowning; Struck by railway train-aceisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably IENT DEATHS state MEANS OF INJURY and qualify us which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from (secondary or Intercurrent) (name origin; "Can-State cause for Never report



No. 1.

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N. B.

PHYSICIANS should state of OCCUPATION is very RECORD properly classified. Exact statement PERMANENT stated EXACTLY. should be WRITE PLAINLY, WITH UNFADING INK-THIS IS AGE carefully supplied. that it may See instructions on back of certificate. Every Item of Information should be CAUSE OF DEATH in plain terms, so Important.

PLACE OF DEATH 9750



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.; Ward)

[If death occurred in a hospital or Institution, give its NAME Instead of street and number.]

	2FULL NAME M. Alsonantin 1)	Managan
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	EX COLOR OR RAGE SINGLE, MARHIED, WIDOWED, ORDINORED (Write the word) Aunual	(Month) (Day (Year)
6 D	ATE OF BIRTH (Month) (Day (Year)	that I last saw house alive on COL 24 , 191 4
7 A	(and that death occurred on the date stated above, at 4 4 5 m The CAUSE OF DEATH* was as follows:
(a pa (b) Trade, profession, or ricular kind of work	(Duration) 2 yrs. mos. ds
-	ich employed (or employer) IRTHPLACE (State or country) Manufland	Contributory Scuts dilation of desart after secondary (Doration) yrs mos 13 ds
10 NAME OF FATHER DANIES MUNICON 11 BIRTHPLACE OF FATHER (State or country)		(Signed) Ett, letter M. D. Oct 2 × 191 × (Address) It agree Brightal
PAREN	12 MAIDEN NAME OF MOTHER Mary a Savingly 13 BIRTHPLACE	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
	OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant)	At place of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, if not at place of death? Former or usual residence and assume the place of death yrs. mos. ds
15 Fl	ed History Harry H	PLACE OF BURIAL OR REMOVAL Pagerstoron, Md Oct 25, 1914 20 UNDERTAKER ADDRESS W. J. J. S. Senery on Portly & Penna avec

1f more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avold use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomencla-"Contributory." such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), thenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) sepsis, tetanus) may be stated under the head of dent; Revolver wound of head-homicide; Poisoned Aceidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report lnjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," State cause for



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N. B.

1 PLACE OF DEATH

Village or City Cowless (No.	CERTIFICATE OF DEATH Registered No
FULL NAME Villiams If W	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Make White the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
Month) (Day) (Year)	my st 1914, to OCh 25 1914. That I last saw heineally on Och 25 1914.
7 AGE It LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 3 3 0.7 m The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or Plasterer particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) Plastering BIRTHPLACE (State or country) MA	(Duration)
10 NAME OF FATHER Thos. When a function of the state of country) 11 BIRTHPLACE (State or country) 11 STATE (State or country)	(Signed) 7. John Dreet M. D. Oct 125 1914 (Address) Cowson Mor *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJUST; and (2) whether ACCIDEN-
13 BIRTHPLACE OF MOTHER OF MOTHER (State or country) 13 MIRTHPLACE OF MOTHER (State or country)	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place in the of death
(Informant) AN B. Museum	it not at place of death? Former or usual residence

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illfirst line will be sufficient, e. g., who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfuily employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. mine, etc. statement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) For many occupations a single word or term on the ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer or Planter, (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death affection with respect to time and causation), using diways the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease, "Proumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinologies

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL: peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report cer" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of ... The contributory (Recommendations on statement of (secondary or intercurrent) (name origin; "Can Examples: For vio-



PLACE OF DEATH County Baltimole Village or City Hovans 2FULL NAME Wi	0453 Lson B. Ne	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 38 St.; Ward) St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PA	RTICULARS	MEDICAL CERTIFICATE OF DEATH
male 4 COLOR OR RACE 5 SINGI MARR WIDO ORDIN (Write)	HED, SI CO	OF DEATH Oct. 3/of., 1914 (Month) (Day (Year)
6 DATE OF BIRTH Oct. (Month)	15 , 914 Oct	15 1914, to Oct , 31 , 1914,
⁷ AGE	If LESS than and that do	eath occurred on the date stated above, at 12m. E OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	ne Inas	emature 8 mo. rition (Duration) yrs mos. 16 ds.
9 BIRTHPLACE (State or country) Balto.	Co. Md. Gontrib Second	Outory (Doration) yrs mos ds.
Tather 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	C (Signéd)	Mrs. 14.101agness, M.D.
13 BIRTHPLACE OF MOTHER (State or country) Balto	rostre 18 LENGTI OR RECE	H OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, IN TRESIDENTS) In the yrs mos ds.
(Informant) A THE ABOVE IS TRUE TO THE BEST OF M		
Flied Nov. 1 ,1914 M. S. If more blanks are need	Potty Bal Ocal REGISTRAR Q. S.	ts. Cemetery Date of BURIAL Nov. 2 ,1914 RTAKER Marshall 3539 Falls anklin St., Balto., Requesting V. S. No. 1.
9		Ica.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive first line will be sufficient, c. g., Farmer or Planter, been changed or given up on account of the nisease Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary froman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tlou is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," engineer,

Statement of cause of death—Name, first, the Disable Causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) **Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclalnjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerreral peritonitis," etc. State cause for ctc., when a definite disease can be ascertained as the nus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Convalvular heart disease; Chronic interstitial nephritis, "Contributory." Bronchopncumonia (secondary), 10 ds. Never report is less defiuite; avoid use of "Tumor" for mally-The contributory (secondary or intercurrent) tctanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of death), 29 ds.; "Exhaustion," For vio-



N. B.—Every liem of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN

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PLAGE OF DEATH Gounty Batto 9752 (7)	STATE OF MARYLAND CERTIFICATE OF DEATH
A Comment	Registration Dist. No.
VIIIage or City Brooklandville (No. ,	St.; Ward) [If death occurred is a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Genale 4 COLOR OR RACE 5 SINGLE, MARRIEO, Single WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH OCK (Month) (Day) (Year)
Seft 3, 1862 (Month) (Day) (Year)	that I last saw h 2 allve on 1914
7 AGE 15 LESS than 1 day,	and that death occurred on the date stated above, at m The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Ralto-los	(Duration) yes mos ds Gontributory Cs (Lesse 4 (Secondary)
10 NAME OF FATHER Words, Parks. 11 BIRTHPLACE OF FATHER Balto & O,	(Signed) Pather Republic Manual March Signed), M. [(Address) (Noh Swine) SM+D
OFFATHER (State or country) Balto & O, 12 MAIDEN NAME OF MOTHER Catherine Jane Russelle	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Baltolo,	At place In the ot death
(Informant) Deborah Sinton	if not at place of death? Former or usual residence
(Address) Brookland ville 15 Filed Och 3 191 X John Drach Man	Jators Gennetry Date of BURIAL Sators Gennetry C42, 1912 20 UNDERTAKER BURNSSONS TOWSON
N If more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coa. Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic carebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia; Lodar pneumonia; Bronchopneumonia ("Theumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcinosis of lungs, meninges, peritonaeum, etc...

cause of death approved by Committee on Nomencla "Contributory." mia," "PUEBPERAL peritonitis," etc. cause. Always qualify all diseases resulting from ture of the American Medical Association.) sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For viochildbirth or miscarriage. as "Purperal scptichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." "Traemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds. Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of may be stated under the head (name origin; "Can State cause for Examples:



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N.B.

County Ballo 9753 96	CERTIFICATE OF DEATH Registered No
VIIIage or City Jerus (No	St; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIEO, WIDOWED, WIDOWED, OR DIVORCEO (Write the word)	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
8 DATE OF BIRTH (Month) (Day) (Year)	Cles 5 , 1914, to Cles 18 , 1914, that I last saw h 1 malive on Cles / 9 , 1914
7 AGE 1 t LESS than 1 day,hrs. OCCUPATION 1 to LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
(a) Trade, protession, or particular kind of work	Brights goday. (Duration) yrs. mos. ds. Contributory
(State or country) Balto Co	(Secondary) (Ouration) yrs mos ds.
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER	(Signed)
of Mother 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (informant) AMD HOUSE PRICED	At place of death? Where was disease contracted, If not at place of death? At place of death?
(Address) Jesas (Address) 15 Filed Qcf/8, 1914 Po A. Beursy Mark 16 more blanks are needed, address State Registrar, 6 E	Baltimas Cerneley Cles 20, 1914 Joundertaker SUZE Morth

A MANAGEMENT OF THE PARTY OF TH

1 PLACE OF DEATH

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations galufully employed, as At school or At home. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekecpers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an cases, especially in Industrial employments, it is necness of various pursuits can be known. The question mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichae-"Contributory." Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Seniie," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvulur heart disease; Chronic interstitiul nephritis mere symptoms or terminal conditions, such as "An-Bronchopneumonia (secondary), 10 ds. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-State cause for Never report Examples: For vio-



No. 1.

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Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD 4 S UNFADING INK-THIS WRITE PLAINLY, WITH N. B.

	PLACE OF DEATH 9754	STATE OF MARYLAND
	30/1/2 (66ha)	CERTIFICATE OF DEATH
G	ounty SO	Registration Dist. No
٧	Illage or Gity went (No	St; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 S	Accepted 5 Single.	18 DATE OF DEATH
	MARRIED, Maries	(Month) (Day) (Year)
12	(Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
8 D	ATE OF BIRTH	, 191, to
	May 21, 1839	
7	(Month) (Day) (Year)	that I last saw halive on
TA	GE If LESS than 1 day,hrs.	and that death occurred on the date stated above, at
	15 yrs. 4 mos. 3 ds. OR min.?	The CAUSE OF DEATH * was as follows:
	CCUPATION .	(110A) a find
(a) Trade, protession, or particular kind of work		www and towns visit age
	iness, or establishment in ich employed (or employer)	(Duration) wcs. mos. ds.
	RTHPLACE tate or country Harford W 2nd	Contributory (Secondary)
	10 NAME OF Joseph Payme	(Signed) The last and seed of the control of the co
ENTS	11 BIRTHPLACE OFFATHER (State or country) / An India	*State the DISEASE CAUSING DEATH, OF, In deaths from VIOLENT
PARE	12 MAIDEN NAME OF MOTHER AMAZINA HELEL	TAL, SUICIDAL, or HOMICIDAL.
	13 BIRTHPLACE OF MOTHER (State or country) Balls to My	OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs,
14-	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
(Informant) T. R. May all		if not at place of death?
		usual residence
	(Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15		Werley Chaple Oct 2, 1914
FI	ed, 191	20 UNDERTAKER ADDRESS
	REGISTRAR	1. Man la Broth. Alexander

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S No. 1.

[Approved by L. S. Census and American Public Health Association.]

fication, as Day laborer, Farm laborer, Laborer-Coal should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of iilbeen changed or given up on account of the nisease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing disease are accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease). Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinosis of lungs, meninges, peritonaeum, etc., Carcinosis



cause of death approved by Committee on Nomenclasuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably childbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," valvular heart disease; Chronio interstitial nephritis ture of the American Medicai Association.) "Contributory." injury, as fracture of skuff, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for cause. Aiways qualify all diseases resulting from "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ampie: Meastes (disease causing death), 29 affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maily oma. Sarcoma. etc., of _ The contributory (secondary or Intercurrent) tetanus) may be stated under the head of (Recommendations on statement of (name origin; "Can Never report Examples:



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DEATH

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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No...C Ilf death occurred in St.;....Ward) a hospital or institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED, (Month) (Day (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH, 191....., to... that I last saw h...... alive on (Year) (Month) (Day If LESS than and that death occurred on the date stated above, at..... 1 day,hrs. The CAUSE OF DEATH* was as follows: OR 7 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE Contributory Secondary (State or country) 11 BIRTHPLACE PARENT (State or country *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER (State or country) At place of death yrs. mos. ds. State yrs, ____ mos. Where was disease contracted. THE BEST OF MY KNOWLEDGE If not at place of death?... usual residence. OF BURIAL OR REMOVAL DATE OF BURIAL 15

> REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St. Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-(a) Spinner, first live will be sufficient, e. g., For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canmia," "Puerpenal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a defiuite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditious, such as "Asample: ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inaultion," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head of



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

Village or City Highlandton No. 240 x 2FULL NAME Becelia	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. [If death occurred in a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MIDOWED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WITH THE WORLD WIT	16 DATE OF DEATH (Month) (Day (Year)) 17 I HEREBY CERTIFY, That I attended deceased from 18 DATE OF DEATH (Month) (Day (Year)) (Year) 19 J.
7 AGE (Month) (Day (Yesp): 7 1	and that death occurred on the date atated above, at
B OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) BERTHPLACE (State or country) Balto Country	Convulsion yrs mos ds. Contributory Problement acute Algy Secondary
11 BIRTHPLACE OF MOTHER OF MOTHER (State or country) 12 MAIDEN NAME MOTY Fuebbecke 13 BIRTHPLACE OF MOTHER (State or country) 14 MOTHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from Violenty CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOSTICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds.
(Informant) John Lindell (Address) 240 S. Blinton 16 Filed KN. J. 1911 C. The Claudian REGISTARY REGISTARY	Where was disease contracted, If not at place of death? Former or usual residenca
If more blanks are needed, address State Registr	rar, 6 E. Franklyn St., Balto., Requesting J. S. No. 1.

[Approved by U. S. Census and American Public Health

"Manager," "Dealer," ctc., without more precise specigainfully employed, as At school or At home. Care cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as dutics of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locanotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, whomre engaged in the Never return "Laborer," "Foreman," As examples: The (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senilc," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," The nature of the Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECERVED
DEC 7 1914
BUREAU, V.S.

No. 1.

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state

PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. ORDIVORCED (Write the word) 8 DATE OF BIRTH (Month) (Day 7 AGE 3 BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) certificate. 9 BIRTHPLACE (State or country) 1D NAME OF FATHER 0 back PARENTS 11 BIRTHPLACE OF FATHER (State or country) 0 12 MAIDEN NAME DEATH in plain See instructions o OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country 14 THE ABOVE IS (Informant) Important, (Address) 15

(Year)

If LESS than

1 day, hrs.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No

[if death occurred in a hospital or institution give its NAME instead of street and number.]

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH October 25, 1914 (Month) (Day (Year)
July 29 1914, to October 25, 1914,
that I last saw hereallyeon Detate 25 1914
and that death occurred on the date stated above, at 2.30.4 m.
The CAUSE OF DEATH* was as follows:
Contributory Pellagra 2 Secondary
(Duration) yrs mos ds.
(Signed) your Cohen, M. D.
Oct 95, 1914 (Address) Den Conanto Ha
*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death yrs. 2 mos 26 ds. State 17 yrs mos ds
Where was disease contracted.
If not at place of death?
usual residence 1414 E. Madison St
Bulto Hebrew Cemetary Oct 95 191 4
20 UNDERTAKER O ADDRESS
3. Levenson + 1200. 11078. Balt.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-Coal applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," The (4)

Statement of cause of death—Name, first, the disease causing dearn (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansensis, tetanus) may be stated under the head of mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a defiuite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgeuital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory Always qualify all discases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for



BINDING FOR RESERVED MARGIN

S. No.

PERMANENT 4 S INK-THIS UNFADING WITH PLAINLY,

RECORD Exact statement stated EXACTLY. properly classified. be pinous AGE carefully supplied. may be certificate. so that it 9 information should be DEATH in plain terms, WRITE Jo CAUSE OF Important, 5

PHYSICIANS should state of OCCUPATION is very See Instructions on back

BOCCUPATION

(a) Frade, protession, or

particular kind of work (b) General nature of Industry,

⁹ BIRTHPLACE (State or country)

PARENT

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

business, or establishment lo

which employed (or employer) -----

PERSONAL AND STATISTICAL PARTICULARS S SINGLE, 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, ORDIVORCED (Write the word) S DATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS than

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

lew Road St; Ward)	[If death occurred li a hospital or institution give its NAME losteau of street and number.]	
MEDICAL CERTIFICATE OF	DEATH	
16 DATE OF DEATH Och 2nd		
(Month) 17 I HEREBY CERTIFY, That I	(Day) (Year)	
Jeph 30, 1914, to och		
that I last saw here alive on och		
and that death occurred on the date stated a	above, at 3 d. m.	
The CAUSE OF DEATH * was as follows:		
apps plefy		
Gontributory(Duration)	yrs mos 3 ds.	
(Secondary)		
(Signed) Ell Duncan	yrsdsds.	
ach 2 , 1914 (Address) Gora		
*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.		
18 LENGTH OF RESIDENCE (FOR HOSPITALS, I	NSTITUTIONS, TRANSIENTS,	
At place In the of death yrs mos ds. State	yrs, ds.	
Where was disease contracted, If oot at place of death?	J10, INUS,	
Former or usual residence		
I Mary Ceruty	CAL J 191 W	
20 UNDERTAKER	ADDRESS	

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

1 day,hrs.

OR 7

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Groccry; (a) Foreman, (b) Automobile factory. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Mealthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculossis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis Bronchopneumonia (secondary), 10 ds. ample: Measles affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of ... The contributory tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (disease causing (secondary or intercurrent) (name origin; "Candeath), 29 ds.; State cause for Never report



PHYSICIANS should state of OCCUPATION is very RECORD PERMANENT stated EXACTLY. AGE should be WRITE PLAINLY, WITH UNFADING INK-THIS IS -Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

properly classified. Exact statement

No. σi

N. B.

1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.;....Ward)

Ilf death occurred lo a hospital or institution, give Its NAME Instead of street and number.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
351	Agle 4 COLOR OR RAGE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word) Single	16 DATE OF DEATH Och 5, 1914 (Month) (Day (Year)
8 D/	(Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from Sept. 24, 1914, to Oct. 15, 1914, that I last saw home alive on Oct. 5, 1914
7 A C	(-000)	and that death occurred on the date stated above, at
(a)	Trade, profession, or stock and stoc	tapuston lovalysis
busi	General nature of Industry, ness, or establishment in ch employed (or employer)	(Duration) yrs. mos. ds.
9 81	(State or country) Baltimore, Md.	Contributory Secondary
ENTS	10 NAME OF FATHER Do not know 11 BIRTHPLACE OF FATHER (State or country) Do and because of the country of the	(Signed) N (Address) St- Call H- 19-191 H (Address) St- Call H (Address) St- Call H- 19-191 H (Address) St- Call H- 19-191 H
PARE	12 MAIDEN NAME OF MOTHER AS A SANTIE	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL, 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
14 -	13 BIRTHPLACE OF MOTHER (State or country) & o not become HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death yrs. mos. 2/ ds. State yrs. mos. 5 ds Where was disease contracted,
	Informant) Miss alrerda Vaneant	If not at place of death? Former or 265 Dickory areure
16 File	d. Harry H. Jook.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Oct 17 , 191 4 20 UNDERTAKER ADDRESS 1000 10 Fay th
	of lf more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. fication as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kiud of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tlon is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second (a) Spinacr, Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tubereucsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, cer" is less defiulte; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolie acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgeuital," "Seuile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory Meastes (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for



RECORD	PHYSICIANS should to of OCCUPATION Is
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should a CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.
	Every CAUSE Import

state

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. fif death occurred in a hospital or Institution, give its NAME lostead ot street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, (Day) (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) If LESS than 7 AGE and that death occurred on the date stated above, at 1 day,hrs. OR mio. ? BOCCUPATION (a) Frade, profession, or particular kind of work. (b) Geoeral nature of Industry. business, or establishment in which employed (or employer) -----9 BIRTHPLACE (State or country) Contributory. (Secondary) 10 NAME OF FATHER/ (Signed) (Address) 7.65 11 BIRTHPLACE ENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place to the OF MOTHER (State or country) ot death _____ yrs. ___ mos. ___ ds. State yrs, ____ mos. ds. Where was disease contracted. It not at place of death?-Former or (Informant) usual residence. 19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekcepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. tion is very important, so that the relative mealthfulbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never rcturn "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the DISKASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Pubbreral septichaeture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of tho dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failnre," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritia mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Candeath), 29 de.; State cause for



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of OCCUPATION IS PHYSICIANS should Exact statement PERMANENT EXACTLY. stated properly classified. 4 pe IS should UNFADING INK-THIS AGE carefully supplied. certificate. 000 WITH pe of information should by DEATH in plain terms, See instructions on back PLAINLY, WRITE CAUSE OF Important.

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state

1 PLAC County Village or City	Balto 9760 Raspebing (No.	STATE CERTIFI Regis
	LL NAME Mary Grace	Received
PERSO	ONAL AND STATISTICAL PARTICULARS	MEDICAL CE
Herecalo	4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH

E OF MARYLAND CATE OF DEATH

stration Dist. No.

Ward)	[It death occorred in a hospital or institution, give its NAME instead of street and number.]		
RTIFICATE OF DEATH			

-		
3 51	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	(Month) (Day (Year)
ne	ormation (Month) (Day (Year)	1914, to 00 14, 1914, that I last saw h 12 alive on 00 0 14, 1946
TAG	36 it LESS than 1 day,hrs. ORmin.?	The CAUSE OF DEATH* was as follows:
SOCCUPATION (a) Trade, protession, or particular kind of work		June our favoren Louis
bus	General nature of industry, iness, or establishment in ich employed (or employer)	(Duratiun) yrs mas ds.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF OF MOTHER 0 F MOTHER		(Signed) (Duration) yrs mus ds. (Signed) (Address) (State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
Δ. 14 T	OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, on Recent Residents) At place in the ot death yrs, mus, ds. State yrs, mes, ds Where was disease contracted, if not at place of death? Former or usual residence.
(Address) Parofectury		19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKEN ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations galnfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second who have no occupation whatever, write Nonc. been changed or given up on account of the pisease who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Nevcr (b) Cotton mill; (a) Salesman, rcturn "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—In the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcists of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for ture of the American Medleal Association.) cause of death approved by Committee on Nomenclaschsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, If impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichae mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenltal," "Seulle," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ctc., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. Never report "Contributory." Is less defiuite; avoid use of "Tumor" for mally The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of or HOMICIDAL, or as probably "Exhaustion," For vio-



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Registration Dist. No. PHYSICIANS shot RECORD MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS PERMANENT 16 DATE OF DEATH MARRIER WIDOWED. (Month) (Write the word) Month) (Year) (Day 7 AGE It LESS than and that death occurred on the date stated above. 1 day hrs. The CAUSE OF DEATH * was as follows: OR min. ? BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry. business, or establishment in (Duration) may which employed (or employer) Contributory 9 BIRTHPLACE certifica Secondary (State or country) that 10 NAME OF FATHER 9 back ARENTS 11 BIRTHPLACE OF FATHER (State or country *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 12 MAIDEN NAME DEATH in plain OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER ot death _____ yrs. (State or country) Where was disease contracted. It not at place of death? of Former or usual residence Every Item CAUSE OF Important. PLACE OF BURIAL OR REMOVAL 15 REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

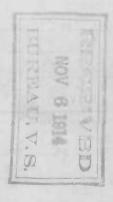
a hospital or institution give Its NAME Instead of_street and number. I State _____ yrs, ____ mos.__ DATE OF BURIAL A-D DRESS

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the "Mauager," "Dealer," etc., without more precise specimaterial worked on may form part of the second additional line is provided for the latter statement; who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be cutered as duties of the household only (not paid Housekeepers statement. Grocery; (a) Foreman, (b) Automobile factory. The cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer. applies to each and every persou, irrespective of age. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But iu many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the ouly definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Tuberculessis of lungs, meninges, peritonaeum, etc., Carcin-

"(Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," ctc.), "Dropsy," "Exhanstiou," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," oma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasvalvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less defiuite; avoid use of "Tumor" for maligby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned mere symptoms or terminal conditious, such as "Asaffection used not be stated unless important. Bronchopneumonia (secondary), 10 ds. The coutributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) Never report



Village or City Process Frull NAME The Service of	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. [It death occurred in a bospital or institution, give its NAME instead of afreet and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF PEATH
2 SEX 4 COLOR OR RACE Single, Midow, WIDOWEO, WIDOWEO, ORDIVORCEO (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 1 HEREBY CERTIFY, That I attended deceased from
CMonth) (Day) (Year) 7 AGE 18 34 (Month) (Day) (Year) 1 day, hrs.	that last saw h - 1 alive on Och 13, 191 4, and that death occurred on the date stated above, at 10 pm, The CAUSE OF DEATH* was as follows:
BOCCUPATION (a) Trade, prefession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Command	Cerebral Anglewing (Ouration) / yrs. 6 mos. ds. Contributory Allewing (Secondary) (Doration) / yrs. mos. / ds.
11 BIRTHPLACE OF FATHER 12 MAIDEN NAME OF MOTHER OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 MAIDEN NAME OF MOTHER (State or country) 15 BIRTHPLACE OF MOTHER (State or country) 16 MAME OF OF MOTHER OF MOTHER (State or country)	(Signed) (Address) / 3 2 Worldow) A Causing Death, or, in deaths from Violent Causing, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 Length of Residence (for Hospitals, Institutions, Transients, or Recent Residents) At place In the ot death yrs. mos. ds. State yrs. mos. ds.
(Informant) Louis Supplied (Address) Hilkers live London Carkentran (Address) Hilkers live London Carkentran (Address) It more blanks are needed, address State Registran	Where was disease contracted, if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER ADDRESS 3/69 ATTENHIN St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second (a) Spinner, it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return (b) Cotton mill; (a) Salesman, "Laborer," "Foreman," Farmer or Planter, As examples: For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death always the same accepted term for the same disease. Examples: Cerebrospinal tever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid tever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

"Contributory." injury, as fracture of skuli, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronio interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligture of the American Medicai Association.) such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJUBY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Deblity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ampie: Measles (disease causing death), 29 affection need not be stated unless important. oma. Sarcoma. etc., of __ cause of death approved by Committee on Nomenclaby earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accigenitai," "Senile," etc.), "Dropsy," "Exhaustion," The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of (name origin; "Can-State cause for FOR VIO-



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1.

* (mer)

1 PLACE OF DEATH

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STATE OF MARYLAND

County Parlto (104	CERTIFICATE OF DEATH
County	Registration Dist. No. 37
VIIIage or City Oshland (No.,	St.;—Ward) [It death occorred in a hospital or lostitution, give its NAME instead of street and nomber.] Ray Robinson (E. 3) A
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I hEREBY CERTIFY. That I attended deceased from
Month) (Day (Year)	Sept 1, 1914, to Cles 7, 1914, that I last saw hand alive on Cles 4, 1914.
7 AGE It LESS than 1 dayhrs. OR	and that death occurred on the date stated above, at 10 40 m. The GAUSE OF DEATH* was as follows:
e occupation (a) Trade, protession, or particular kind of work	The tollier
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrsds.
State or country) Bulto Co	Secondary (Duration) yrs mos ds
10 NAME OF GAMES Henry Uinder	(Signed)
11 BIRTHPLACE OF FATHER (State or country Bacto & Md	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL
of MOTHER May any agres Rohm	OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
OF MOTHER (State or country)	At place of death yrs, mos. ds. State yrs, mos. ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (informant) Manya gras Robinson	It not at place of death? Former or osual residence.
(Address) Carpheline	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Cart of 1914 Moreus on M. REGISTRAR	2) UNDERTAKER ADDRESS
	rar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

eated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Physician, Compositor, Architect, Locomotive engineer, CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age who have no occupation whatever, write None. For many occupations a single word or term on the ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, (b) tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid disease."); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

name take of gain with certificate filed

nant neoplasms); Measles; Whooping cough; Chronic sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaegenital," "Senile," etc.), ample: Mcastes (disease eausing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and eonsequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. eause. Always qualify all diseases resulting from cte., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report "Contributory." The contributory (secondary or intercurrent) (Recommendations on statement of "Dropsy," "Exhaustion,"



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stated EXACTLY. PHYSICIANS should state I. Exact statement of OCCUPATION is very RECORD PERMANENT se carefully supplied. AGE should be se so that it may be properly classified. UNFADING INK-THIS IS WITH B.—Every Item of information should be CAUSE OF DEATH in plain terms, so important. See instructions on back o WRITE PLAINLY.

certificate.

See instructions on back of

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1 PLACE OF DEATH	3104
unty Balkingul	I by hoof
unty SOVIUM NX	
, 19	, , , , , , ,

Filed Oct 28, 1914 Marshall B

STATE OF MARYLAND CERTIFICATE OF DEATH

On

ADDRESS

	Registration Dist. NoQ
Village or City Calmedville MUNO. Rody	St.; Ward) [It death occurred in a hospifal or institution, give its NAME instead of streef and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Faruall While Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY GERTIFY, That I attended deceased from
March (Month) (Day (Year)	that I last saw here alive on Ch. 25, 1914.
7 AGE 1 1 LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at 2 , 3 , p_m , The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or parficular kind of work Subar of Samuelan Ord, (b) General nature of Industry, business, or establishment in	Exhaustro from old Rgl
which employed (or employer) 9 BIRTHPLACE (State or country) Law Low	Contributory General Debility Secondary (Quration) yes / mos 7 ds
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) (State or country)	(Signed) Solm J. Farel J. M. D. Och 27, 191 A (Address) M. Reviss Siles Calmerill *State the Displace Charges Property on the Land Calmerille *State the Displace Charges Property on the Land Calmerille *State the Displace Charges Property on the Land Calmerille *State the Displace Charges Property on the Land Calmerille *State the Displace Charges Property on the Land Calmerille *State the Displace Charges Property on the Land Calmerille *State the Displace Charges Property on the Land Calmerille *State the Displace Charges Property on the Land Calmerille *State the Displace Charges Property on the Land Calmerille *State the Displace Charges Property on the Land Calmerille *State the Displace Charges Property on the Land Calmerille *State the Displace Charges Property on the Land Calmerille *State the Displace Charges Property on the Land Calmerille *State the Displace Charges Property on the Land Calmerille **The Calm
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)	CAUSES, State (1) MEANS OF INJURY; and (2) whether Accidity TAL, SUICIDAL, Or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Af place In the of death yrs mos ds. State yrs mos ds
(Interment) Sister Structed (Address) Cataraville, The	Where was disease contracted, If not at place of death? Former or usual residence.
16	A march of Burial of Hemoval

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Bayto. Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSINO DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekceper's minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," If the occupation has Farmer or Planter, "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonacum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, ctc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing affection need not be stated unless important. "Contributory." dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of State cause for death), 29 ds.; For vio-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

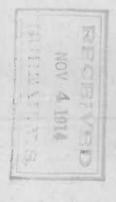
PLACE OF DEATH 9765 Gounty Baltimur 9765	STATE OF MARYLAND CERTIFICATE OF DEATH
The same of the sa	Registration Dist. No. 37
Village or City Mt Hope (No. 14)	Hope Reman St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
2 FULL NAME Louisa Copy	2 –
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 6 SINGLE, MARRIED, WILDOWED, ORDIVORCED ORDIVORCED	16 DATE OF DEATH Oc. 25, 1914. (Month) (Day (Year)
T'smale While opposers (Write the word) B DATE OF BIRTH FILE 7 1869. (Month) (Day (Year)	17 Mrs I HEREBY CERTIFY, That I attended deceased from 1910 to Och 2 get 1915, that I last saw h. 2 alive on Och 2 get 1915.
TAGE abt 444 yrs 8 mos ds. OR min.?	and that death occurred on the date stated above, at 12.50 m, The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, protession, or House Keeper particular kind of work	- The same and the
(b) General nature of Industry, business, or establishment in which employed (or employer)	abl 5 or (Duration) 6 yrs. 0 mos. ds.
9 BIRTHPLACE (State or country) Ballo, med	Secondary 18 Trours
10 NAME OF GROTHE RAPA	(Signed) Frank & Flamery, M. D.
OF FATHER (State or country) Germany	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
12 MAIDEN NAME OF MOTHER Ebzabelle Prilsch	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
13 BIRTHPLACE OF MOTHER (State or country)	At place death dea
(Intermant) Received Mt Hope Repries	Where was disease contracted, Baltomera High it not at place of death? Former or usual residence. I Baltomera High
(Address). flet House Med-	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (MICHAEL) (Ph) (PL) 10130
Filed Ded. 25, 191 4 Oran. G DILLIAN REGISTRAR	29 UNGERTAKER Waws How 18 W Woyala
If more blanks are needed, address State Region	strar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Consus and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatemeut. additional line is provided for the latter statement; who have no occupation whatever, write Nonc. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first live will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Women at home, who are engaged in the As examples: "Foreman," ouT.

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ture of the Americau Medical Association.) cause of death approved by Committee on Nomenclamia," "Puerperal peritonitis," etc. mus," "Old Age," "Shock," "Uraemla," "Weakness," "Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homieide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichaecause. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronie oma, Sarcoma, etc., of...... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of State cause for "Exhaustion," For vio-



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Instructions

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OCCUPATION

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PHYSICIANS

PERMANENT

WRITE

1 PLACE OF DEATH VIIIage or City Highlandtown (No. 390,8 Fraid

STATE OF MARYLAND CERTIFICATE OF DEATH

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	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERT
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7 AC		and that death occurred on the The CAUSE OF DEATH* was a
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_	RTHPLACE (State or country) Balto. Eo. ald.	Contributory Secondary
TS	11 BIRTHPLACE OF FATHER BY CROSS OF FATHER	(Signed) Ell. (Address
PAREN	12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER OF MOTHER (State or country) Ballo M.	*State the DISEASE CAUSIN. CAUSES, State (1) MEANS OF TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FO OR RECENT RESIDENTS) At place of deathyrsmos
	(Informant) Earleine Roycroff. (Address) 3908 Trail abe.	Where was disease contracted, it not at place of death? Former or usual residence
16	Pot 5- WE Mil Playertern	Holy Redserver

nd that death occurred on the he CAUSE OF DEATH* was a Secondary 7 ... 191 4.J. (Address *State the DISEASE CAUSING CAUSES. state (1) MEANS OF TAL, SUICIDAL, OF HOMICIDAL. BLENGTH OF RESIDENCE (FO OR RECENT RESIDENTS) At place ot death yrs. mos. Where was disease contracted. It not at place of death?... DATE OF BURIAL ADDRESS

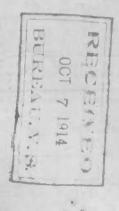
If more blanks are needed, address State Registrar, 6 K Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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	age or City Mt Hope (No. Mt H)	Registration Dis
	2 FULL NAME alvin Ry	an
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF
3 S E	Male Write the word)	16 DATE OF DEATH (Month)
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Cel	1 dayhrs.	and that death occurred on the date stated The CAUSE OF DEATH* was as follows: Muluuchila
bus	General nature of industry, ness, or establishment in the employed (or employer) RTHPLACE (State or country) Waryland	Contributory Ruddenly from Secondary Could Tule Cot // Paralysin & Could Tule (Duration)
S	10 NAME OF Francis Ryan 11 BIRTHPLACE	(Signed) Trank Jalian Cech 23 7, 1914 (Address) MAN
ARENT	OF FATHER (State or country) May -	*State the DISEASE CAUSING DEATH, OF, CAUSES, state (1) MEANS OF INJURY; an TAL, SUICIDAL, OF HOMICIDAL.
0.	13 BIRTHPLACE OF MOTHER (State or country) Birm at Dea-	18 LENGTH OF RESIDENCE (FOR HOSPITALS, OR RECENT RESIDENTS) At place act y in the ot death yrs. mos. ds. State
	(Address). Mt Hope Hid-	Where was disease contracted, Beeffective it not at place of death? Former or Balluccore 19 PLACE OF BURIAL OR REMOVAL
15 Fil	ed Oct. 4 4, 1914 Wm. y. Q. Breistran	Bounie Brae

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.....

[it death occurred in a hospital or institution, give its NAME instead

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	MEDIC	AL CERTIF	ICATE O	FDEATH	
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[Approved by U. S. Census and American Public Health Association.]

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in -Ward) a hospital or institution, give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 SINGLE MARRI WIDOWI ORDIVORCEO (Month) (Dav I KEREBY CERTIFY. That I attended deceased 6 DATE OF BIRTH (Day 7 AGE If LESS than and that death occurred on the date stated above, at f day.....hrs. The CAUSE OF DEATH* was as follows: BOCCUPATION (a) Trade, profession, or none particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) -----Contributory BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ARENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place (State or country) of death yrs. 6 mos. 11 ds. State / Vrs Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE If not at place of death? (Informant). usual residence URIAL OR REMOVAL DATE OF BURIAL 15 ADDRESS

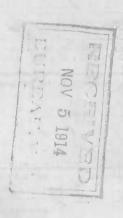
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such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably childbirth or miscarriage as "Puerperal septichaeoma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skull, and eonsequences (e. g., Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for eause. Always qualify all diseases resulting from ctc., when a defiuite disease cau be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasample: Measles (disease eausing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. genital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, "Contributory." is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," Never report For VIO-



County Sales 9769	STATE OF MARY CERTIFICATE OF	
South, and the second s	. Registered	No.36
Village or City leas Freelands (No	Sampson	[It death occurred I a hospital or institution give its NAME instea ot street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DE	EATH
SEX COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVERCE USERVE ORDIVERCE Wirite the word)	16 DATE OF DEATH (Month) 17 1 HEREBY CERTIFY, That I atte	(Day) (Year)
(Month) (Day) (Year)	that I last saw h in allve on Och 2	324 ,1914
AGE If LESS than 1 day, hrs.	and that death occurred on the date atated about	ve, at //-/50m
50 yrs. mos 4 ds. OR min.?	The CAUSE OF DEATH* was at follows	f line
(a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) BERTHFLACE (State or country)	Gontributory Julius (Buration)	mos. ds
10 NAME OF FATHER CONSTITUTION SALUPSALUS	(Signed) Les Barre Ock 2691 4 (Address) heer 7	Su don
OF FATHER (State or country) 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in de CAUSES, state (1) MEANS OF INJURY; and (2) TAL, SUICIDAL, OF HOMICIDAL.	eaths from VIOLENT whether ACCIDEN-
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INST OR RECENT RESIDENTS) At place In the of death	ITUTIONS, TRANSIENTS
(Informant) Mas to the BEST of MY KNOWLEDGE	if not at place of death? Former or usual residence	
(Address) Accelerate had Filed Matthew 141914 May the Magnetic Registrar 8 11 more blanks are needed, address State Registrar, 6	Marylandbing Ma Q 20 UNDERTAKER AD Dartenetery Monemaker	DRESS BUILTY

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal statement. materiai Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. the nature of the husiness or industry, and therefore an For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) If retired from husiness, that fact may be indiworked on may form part of the second Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuderculosis of lungs, meninges, peritonaeum, etc.. Carcinosis

ture of the American Medicai Association.) cause of death approved by Committee on Nomenciainjury, as fracture of skuli, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic "Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for mailg. oma. Sarcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-



OCCUPATION RECORD PERMANENT properly pe UNFADING may certificate. 80 ō WITH terms, plain Instructions = DEATH 90 0 Every Item CAUSE OF Important.

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10)

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No... Ilt death occurred inWard) a hospital or institution. give its NAME instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE, 16 DATE OF DEATH MARRIED, WIDOWED, (Month) (Day (Write the word) HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above 1 day hrs. The CAUSE OF DEATH* was as follows: OR 7 BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) ... 9 BIRTHPLACE (State or country) Contributory ... 10 NAME OF FATHER 11 BIRTHPLACE PARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER In the (State or country) ot death ____ yrs. ___ mos. ___ ds. State yrs. ____ mos. Where was disease contracted. it not at place of death? ... Former or usual residence. 15 REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

duties of the household only (not paid Housekeepers cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Grocery; (a) Foreman, (b) Automobile factory. The Statement of occupation-Precise statement of occupa-Spinner, If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman. As examples: "Forcman," (0)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopheumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify us which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childblrth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," ctc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skuli, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," For vio-



state Very 15 pinous OCCUPATION PHYSICIANS RECORD statement PERMANENT properly INK UNFADING may 80 0 terms, n back piain Instructions 5 x DEAT WRITE See 10 CAUSE OF Every

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County Registration Dist. No Ilf death occurred is a hospital or institution, give its NAME instead of sfreef and oumber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED. (Month) (Year) (Write the word) I HEREBY CERTIFY. That I attended deceased from 191 to. allys on (Month) (Da (Year) TAGE If LESS than and that death occurred on the date stated above, at...... 1 day hrs. The CAUSE OF DEATH * was as follows: OR... 1.min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) ------9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Af place to the OF MOTHER (State or country) of death ____ yrs. ___ __ mos. ___ __ ds. State _____ yrs. ___ mos. Where was disease contracted. If not at place of death?-Former or usual residence OR REMOVAL DATE OF BURIAL 16 REGISTRAR

> If more blanks are needed, address State Registrar, 6 E.//ranklin St., Bhith., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death—In the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only defluite synouym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcists of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) injury, as fracture of skuii, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis. oma, Sarcoma, ctc., of..... (name origin; "Cancause of death approved by Committee on Nomencla-Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "l'uerperal peritonitis," etc. State cause for "Heart failure," "Hacmorrhage," "Inauition," "Marasgenitai," "Senile," ctc.), "Dropsy," "Coflapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned is iess definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Aiways qualify all diseases resulting from (Recommendations on statement of "Exhaustion," For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the dath is essential and must be obtained before

the certificate is permanently filed.

Jon physic BURBAU. V.S.

BURBAU. V.S.

BURBAU. V.S.

S. No. 1.

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RECORD PERMANENT 4 15 UNFADING INK-THIS

Very state PHYSICIANS should of OCCUPATION is properly classifled. Exact statement EXACTLY. stated pe should AGE carefully supplied. may be so that It pe pluods item of information WRITE CAUSE OF Important.

of certificate. PLAINLY, WITH DEATH in plain terms, See instructions on back

1 PLACE OF DEATH County

undersees

(Year)

It LESS than

1 day,hrs.

OR min. ?

Cocheyon

PERSONAL AND STATISTICAL PARTICULARS

now

(Month)

5 SINGLE,

MARRIED. WIOOWED,

OROIVORCED (Write the word)

(Day

MY KNOWLEDGE

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S.

4 COLOR OR RACE

Village or City

DATE OF BIRTH

BOCCUPATION

(a) Trade, protession, or

particular kind of work.

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

(Address)

0

er 31

OF FATHER (State or country)

(b) General nature of industry, business, or establishment in which employed (or employer)

3 SEX

7 AGE

PARENTS

15

2FULL NAME

	STATE OF MAR	RYLAND
	CERTIFICATE O	F DEATH
	Registration Dis	t. No. 37
cott	St.;Ward)	[If death occurred in a hospital or institution, give its NAME instead of street and nomber.]
1	MEDICAL CERTIFICATE OF	F DEATH
O DATE OF DE	ATH MAL	20
***************************************	(Month)	30, 1914/ (Day (Year)
17 I	HEREBY CERTIFY. That I	
	Z , 1914, to C	
	, 191, 10	, 191
hat I last saw h	Be alive on OC	7 9 191 4
and that death o	ccurred on the date stated	above, at // Gm.
ING CAUSE OF	DEATH* was as follows:	-
	*	
yara	hlegra	
	N. Carlotte	
000 00 00 00 00 00 00 00 00 00 00 00 00	(Duration)	yrs mos . 8 ds.
	ralmilas He	a A Spineara
Secondary		
	Serval y	yrsmosds.
(Signed)	13. R. Be	usen & M.D.
Oet 31	, 191 4 (Address) @ @ @	chey soll
	DISEASE CAUSING DEATH, or, (1) MEANS OF INJURY; ar or HOMICIDAL.	
18 LENGTH OF	RESIDENCE (FOR HOSPITALS.	INSTITUTIONS, TRANSIENTS
OR RECENT HE	SIDENTS)	The state of the s
Al place	in the	
•		yrs ds
Where was disease		

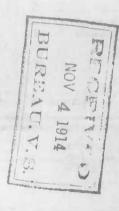
C 090 000 00 00 00 00 00 00 00 00 00 00 0	(Duration)	yrs \	
Contributory Nalnal			
	(Duration)		mosd
		msm	
Oct 31, 191 4 (Address	s) e 4	chey	Stille
*State the DISEASE CAUSIN CAUSES, state (1) MEANS OF TAL, SUICIDAL, OF HOMICIDAL	F INJURY;	or, in deaths and (2) vh	from VIOLEN
18 LENGTH OF RESIDENCE (FO	OR HOSPITAL	s, Institutio	NS, TRANSIENT
Al place	in the		
where was disease contracted, It not at place of death?			d
Former or osual residence	24 00,000,000,000 00 00 00 00 00 00 00 00	*******************	
19 PLACE OF BURIAL OR REA	MOVAL	DATE O	FBURIAL
Into Hill cer	nely	nor	191_4
10 UNDERTAKER		ADDRES	

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, ctc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dcaler," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; applies to each and every person, irrespective of age. who have no occupation whatever, write Nonc. been changed or given up on account of the disease who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";): Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., mia," "Puerperal peritonitis," etc. State cause for cause. Always qualify all diseases resulting from ample: Measics (disease causing death), 29 ds.; aant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head of such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, "Contributory." (Recommendations on statement of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) "Dropsy," "Exhaustion," Never report



N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

V. S. No. 1.

County Dulluwre 137	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City leulousable (No Oprung	Registration Dist. No. 30 St.: Ward) health occurred in
*FULL NAME Rudolph de	lect and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ne of f married, surgle	DATE OF DEATH (Month) (Day) (Year)
G DATE OF BIRTH	I HEREBY CERTIFY. That I attended deceased from
(Month) (Day) (Year) that	t I last saw h alive on ,191
	that death occurred on the date stated above, at 9,30 m
yrs. wow. ds. ORmln.?	CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work	Hanging (Accesse)
(b) General nature of industry, business, or establishment in which employed (or employer)	(Ouration)
9 SIRTHPLACE (State or country) Lermany	(Secondary) (Odration) yrs mos ds
10 NAME OF FATHER CULL (SIGN	(W2 & 1) 0/ Cases
The state of country of the state of country of the state of country of the state o	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT
18,	AUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN- AL, SUICIDAL, OF HOMICIDAL. LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) At p	place Jeath yrs. J mos. Zo ds. State yrs. mos. ds
I formant. They ever S. A Form	ere was disease contracted, lot at place of death? mer or lal residence
(Address) Calonsville, ned 19	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 1 5 1 1 1	Pring Prove Stat Tough Cet 5th, 1914 UNDERTAKER OF THE STATE OF THE S
If more blanks are needed, address State Regis trar, 6 E. F.	ranklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement the nature of the business or industy; and therefore an cases, especially in industrial employments, it is nec Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age who have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not material worked on may form part of the second (a) Spinner, essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursults can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, If the occupation has Farmer or Planter, As examples: For persons

Statement of cause of death—Name,, first, the disease causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Purremeal sentichaemus," cause of death approved by Committee on Nomencla "Contributory." which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. genital," "Collapse." "Coma," "Convultions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," ample: Mcastes (disease causing death), 29 ds.: ture of the American Medical Association.) sepsis, tetanus) Injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide: Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the "Hart fallure," "Haemorrhage," "Inanition," "Maras mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of _ Bronchopneumonia (secondary), 10 ds. Never report er" is less definite; avoid use of "Tumor" for malls The contributory (secondary or intercurrent) "Old Age," "Shock." Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," "Tracmla," "Weakness," (name orlgin; "Can State cause for Examples:



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

DEATH in plain terms, so that it m See instructions on back of certificate.

of information should be

N. B.—Every Item o CAUSE OF I

D

carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPATION is very

RECORD

1 PLACE OF DEATH



STATE OF MARYLAND

Salling or a 171	CERTIFICATE OF DEATH
County Haumurie	Registration Dist, No. 440
Village of City Hoyde (No. , -	St.; Ward) [If death occurred to a hospital or iostitution, give its NAME instead of streef and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Married Whowes, Warried (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
July 14, 1861 (Month) (Day (Year)	(bet 15 , 1914, to Cox 28 , 1914, that I last saw h land alive on Cost 29, 1914
7 AGE 1 LESS than 1 day, hrs. OR min. ?	and that death occurred on the date stated above, at 1.2 A.m. The GAUSE OF DEATH* was as follows:
**COCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) **BIRTHPLACE* (State or country) **Marilland	Contributory Congestion of Funge Secondary (Duration) yrs mos / O ds.
10 NAME OF FATHER Limothy Shanahan 11 BIRTHPLACE OF FATHER (State or country) Greland 22 12 Mallen NAME OF MOTHER - Viel	(Signed) State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of Mother Mile Marroll 13 BIRTHPLACE OF MOTHER (State or country) Island 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Am Annaham	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONA, TRANSIENTA, OR RECENT RESIDENTS) At place In the of death yrs, mos. ds. State yrs, mos. ds Where was disease contracted, If not at place of death? Former or usual residence
(Address) Tydy D.J. M.d. 16 Filed Cof 3/, 1914 of F & Goises	19 PLACE OF BURIAL OR REMOVAL ST. Johns R. C. Cemetry and let 31 1/2, 191 H. 20 UNDERTAKER Slade Bros Garalese. In de

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-Coal who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucsis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Tuerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," eause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or misearriage as etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "Asample: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 (Recommendations on statement of "PUERPERAL septichacd8. of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

NOV 6 TOWN

WRITE PLAINLY, WITH UNFADING INK-THIS IS

PLACE OF DEATH 9775 (15-9)	STATE OF MARYLAND CERTIFICATE OF DEATH
County County	Registration Dist. No. 38
Village or City found for to	Ward) [It death occurred in a hospital or Institution, give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male. Male (Write the word)	16 DATE OF DEATH Office 20, 1914 (Month) (Day) (Year)
S DATE OF BIRTH March. 29. (Month) (Day) (Year)	that I last faw h alive on 191
7 AGE 3 8. yrs. 6 mos. 20 ds. ORmin.?	and that death occurred on the date stated above, at. The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, protession, or particular kind of work. Electrician	Quecede las Perolandhoto
(b) General nature of Industry, business, or establishment to which employed (or employer)	Contributory (Buration) 175 mm
(State or country)	(Secondary) (Beratlan) yrs mos ds.
FATHER Charles. Dashelley	(Signed) , M. D. C. Stephenson & Stephenson
State or country) Many land 12 Maiden Name OF MOTHER OF MOTHER 12 Maiden Name OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Maryland.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ot death yrs, mos, ds, State yrs, mos, ds.
(Informant) Fost . Stylley .	Where was disease contracted, If not at place of death? Former or usual residence
(Address) 204 Prospert - avo.	Sand Ridge Balts Co. Oct 22. 1914
File D-2 191 H M J PUT CO REGISTRAR -	Chenour the + Sow. 367 Chestunt
M more blanks are needed, address State Begistra	ur, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second Groecry; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative acalthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: The question (4)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to thine and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indifinite); Tubercutges of lungs, meninges, periionaeum, etc.. Carcinges of lungs, meninges, periionaeum, etc.. Carcinges

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as childbirth or miscarriage, as "Turneral septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," Accidental drowning; Struck by railway train—acciwhich surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. ample: Measles (disease cansing death), 29 ds.; affection need not be stated unless important. mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis. oma. Sarcoma. etc., of . nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-State cause for Never report Examples: For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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No. 1. 20

10 PHYSICIANS should OCCUPATION RECORD ŏ Exact statement PERMANENT EXACTLY. classified. 4 pinous THIS properly AGE pe supplied UNFADING may certificate. carefully that It 80 90 WITH on back should PLAINLY, plain Instructions Information 드 DEATH WRITE See 50 9 Item CAUSE OF Important.

state Very

PLACE OF DEATH County Balta.	9776	()	5-1
	/ .	No. of Street, or other Persons	The state of the s

STATE OF MARYLAND CERTIFICATE OF DEATH

)	Registration Dis	t. No. 43
goers	St.;Ward)	[If death occurred a hospital or instituti give its NAME inste of street and number
MEDICAL	L CERTIFICATE OI	FDEATH
16 DATE OF DEATH	Oct.	27 .191
	(Month)	(Day (Year
that I last ssw h inside		1c/. 27, 191
and that death occurred The CAUSE OF DEATH:		sbove, at
acite	Tepa	titis
Contributory	(Duration)	Yrs.,
(Signed) 1- F Od. 28, 191 4	(Address)	yrs mos , w
*State the DISEASE CAUSES, state (1) ME TAL, SUICIDAL, OF HOM	CAUSING DEATH, OF, ANS OF INJURY; an ICIDAL.	in deaths from Viola d (2) whether Accid
18 LENGTH OF RESIDENTS) OR RECENT RESIDENTS) At place	in the	
of death yrs mos Where was disease contracted, if not at place of death?		
Where was disease contracted,		, To general Marie Control
Where was disease contracted, if not at place of death?————————————————————————————————————		DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

Village or City PERSONAL AND STATISTICAL PARTICULARS SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. WIDOWED, ORDIVORCED (Write the word) DATE OF BIRTH (Month (Day (Ye 7 AGE If LESS f daymos OR BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE (Address). 15 FEGISTR.

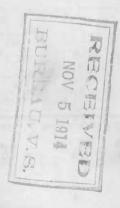
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[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. Civil engineer, Stationary freman, etc. But in many (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-If retired from business, that fact may be indi-Never return -Precise statement of occupa-"Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

oma, Sarcoma, etc., of..... (name origin; "Canmia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by rallway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of



WRITE PLAINLY, WITH UNFADING INK-THIS IS

carefully supplied. may be

See instructions on back of certificate.

important.

Every item of information should be CAUSE OF DEATH in plain terms, so

8 ż DEATH in plain terms,

PHYSICIANS should state of OCCUPATION IS very

properly classified. Exact statement

PERMANENT

1 PLACE OF DEATH Ballinion Village or City MATATIC RetrigNo. Met Hope hed St.; Ward)

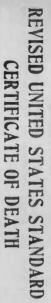


STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

[If death occurred in a hospital or institution, give its NAME instead of street and number.1

2 FULL NAME Haryarch	erran
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDDWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Col 24, 1914 (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
July (Month) (Day (Year)	that I last saw had alive on Och 2 3 2 , 1914,
⁷ AGE If LESS than	and that death occurred on the date stated above, at 10 P, m.
abt 27 yrs omos ds. or min.?	The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or	mania -
(a) Irade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	Contributory Acute P. Philips - Secondary
10 NAME OF FATHER SAND HOOK City York	(Signed) Frank & Harry, M. D.
11 BIRTHPLACE Wolfer Aller Aller (State or country) Ellew Aller 12 MAIDEN NAME OF MOTHER (STATE OF MOTHER ALLER AL	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the Joyns, Mos. ds. State Jyrs, Mos, ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Interment) Record Mt Hope Restract	Where was disease contracted, Pluta Ga- If not at place of death? Former or Phila Fa- usual residence.
(Address) MAHone ma 16 Filed Qax 24, 191 Jr. m. G. Quen	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL LIVE 2 T., 191 20 UNDERTAKER ADDRESS ADDRESS
PEGISTRAR G If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal eated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked ou may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is neebeen changed or given up on account of the disease Housewife, Housework, or At Home, and children, not who receive a defiuite salary), may be entered as Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first live will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persous As examples: "Foreman," The (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

eause of death approved by Committee on Nomenclamia," "PUERPERAL peritonitis," nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, Or as probably LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakuess," "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. eause. "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or affection need not be stated unless important. Bronchopneumonia (secoudary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory tetanus) may be stated under the head Always qualify all diseases resulting from Mcaslcs (disease causing "Senile," etc.), "Dropsy," (Recommendations on statement of terminal conditious, such as "As-(secondary or intercurrent) etc. State cause for death), 29 ds.; "Exhaustiou," Never report For vio-



S. No. 1.

B. ż

ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very RECORD PERMANENT stated EXACTLY. of information should be carefully supplied. AGE should be st DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. 4 UNFADING INK-THIS IS WRITE PLAINLY, WITH CAUSE OF I 1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

S	t.;	Ward)	

[It death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME	Ralif
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word) Married 6 DATE OF BIRTH	18 DATE OF DEATH (Month) (Dat (Year) 17 I HEREBY CERTIFY, That I attended deceased from Och 23, 191 4, to Och 27, 191 4,
7 AGE (Month) (Day (Year) 7 AGE It LESS than t day, hrs. 2 6 yrs. 5 mos 5 ds. OR min.?	that I last saw has availve on Oct. 27 1914 and that death occurred on the date stated above, at 1/4 fp.m., The CAUSE OF DEATH* was as follows:
(b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Constant & Peritorialis Secondary
OF FATHER Chamas & Shipley 11 BIRTHPLACE OF FATHER (State or country) Maryland 12 MAIDEN OF MOTHER OF MOTHER OF MOTHER	(Signed) (Duration) yrs mos ds. (Signed) (Signe
OF MOTHER E flie & Moore 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of deathyrs
(Address) 2244 William Vare	Former or usual residence 235 & Lyann Struct Baltan 19 PLACE OF BURIAL OR REMOVAL Abudow Park Ost. 35, 181 4
Filed 11, 191 + HMM REGISTRAR If more blanks are needed, address State Regist	20 UNDERTAKER 6. W. Mill. ADDRESS 3109 Franceick Day, trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

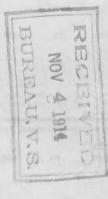


[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the disease essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never rcturn "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-aecisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify us mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehacctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Scnile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sareoma, etc., of...... (name origin; "Canby carbolic acid—probably suicide. The nature of the ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. For viomere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) State cause for Never report



PLACE OF DEATH 9779	STATE OF MARYLAND CERTIFICATE OF DEATH
County Wallensone	Registration Dist. No. 13 3
Village or City Printerstown (No Mit. Plus 2FULL NAME Jacob Sing	Caseuf Sauat St; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male White Wooder.	16 DATE OF DEATH October 29, 1914
6 DATE OF BIRTH (Write the word) (Write the word) (Worte the word)	17 I HEREBY GERTIFY. That I attended deceased from Oct 19 1914 to Oct 29, 1914 that I last saw home alive on Oct 29, 1914
TAGE If LESS than t day,hrs. GOCCUPATION (a) Trada, profession, or particular kind of work. Second final Action (b) Trada, profession, or particular kind of work.	and that death occurred on the date stated above, at 3 Pm The CAUSE OF DEATH* was as follows: Bulmonary Tuberculosis
(b) General nature of industry, business, or establishment in which employed (or amployer) BIRTHPLACE (State or country)	Gontributory Secondary (Duration) 4 yrs. — mos. — ds
10 NAME OF ROT Grown	(Signed) a Schaffico, M. D
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER LISTANIA	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accident Tal, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place of death yrs, mos. \(\int Q \) ds. \(\text{State} \) yrs, mos. \(\text{ds} \)
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	Where was disease contracted. 2nd factories. If not at place of death? Former or usual residence. 507.80. Bond 34.
(Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Dels 31, 191 Y
Filed let: 29, 1914 It molar	20 ANDERT YER ADDRESS

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciit should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. Civil engineer, Stationary fireman, etc. But in many CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," engineer, (%)

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin

nant neoplasms); Measles; Whooping cough; Chronic LENT NEATHS state MEANS OF INJURY and qualify as mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Angemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of..... (name origin; "Cunsuch, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. ete., when a definite disease can be ascertained as the genital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICINAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerpenal septiehac-"Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (seeondary), 10 ds. Never report The contributory Always qualify all diseases resulting from Measles (disease eausing death), 29 ds.; (Recommendations on statement of (seeondary or intercurrent) "Dropsy," "Exhaustion," State eause for



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING MARGIN RESERVED FOR V. S. No. 1.

PLACE OF DEATH	STATE OF MARYLAND	
13 000	CERTIFICATE OF DEATH	
County	Registered No.	
91 - :0		
Village or City Herrismuly (No.	St; Ward) [It death occurred in a hospital or institution,	
oh. 1-	give its NAME instead of street and number.]	
FULL NAME MISO. Africa	C. Julioh) of street and number.	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH	
SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH ON A ILIN L	
WIDOWED, WYCHAMA	(Month) (Day) (Year)	
Terralo White (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from	
6 DATE OF BIRTH	Oct 13 1914 to Uct 16 191	
(Month) (Day) (Year)	that I last saw half alive on Oct 16, 191 4	
7 AGE It LESS th		
6 1 1 day,hi	The CAUSE OF DEATH & was as follows:	
yrsds. ORmin.	- Pulmme Pedeura	
COCCUPATION (a) Trade, profession, or	The state of the s	
particular kind of work		
(b) General nature of industry, business, or establishment in	(Duration) Q.yrs, mos. / ds	
which employed (or employer)	Walnut li	
9 BIRTHPLACE (State or country)	(Secondary)	
Maryung	(Duration) yrs mos ds	
10 NAME OF WOM R COMM	(Signed) M. V. V. M. D. M. D.	
0 11 BIRTHPLACE	Oct 16, 191 V (Address Owners Wills	
State or country) Eugland		
M 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
a OF MOTHER Mary Hordune		
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the	
(State or country) England.	of death yrs mos ds. State yrs mos ds.	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of death?	
(Informant) Lougge Horbrook	Former or usual residence	
Dana de Mailla	19 21 22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
(Address) wings with 15	Complace of Burial or Removal Date of Burial	
15th 11 11 7 12 11	20 UNDERTAKER ADDRESS	
Filed REGISTRAR	M. I. Colinia Del T	
if more blanks are needed, address State Registrar,	8 B Kranklin St. Ratto Population V. S. No.	
d State Registrary	mediant St., Daito., Requesting v. S. No. 1.	



[Approved by L. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of iilbeen changed or given up on account of the pisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. who receive a definite saiary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubereulosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skuil, and consequences (e. g., such, if impossible to determine definitely. Examples: by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mereiy symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio cer" is iess definite; avoid use of "Tumor" for mailgampie: Measles (disease causing affection need not be stated unless important. oma. Sarcoma. ctc., of The contributory tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Candeath), 29 ds.; For vio-



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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No ...

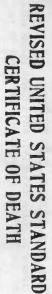
St .: Ward)

fif death occurred la a hospital or institution. give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE, 16 DATE OF DEATH 4 COLOR OR BACE MARRIED. WIDOWED. (Day (Year) ORDIVERCED (Write the word) I HEREBY CERTIFY, That I attended deceased from (Month (Day (Year) 7 AGE If LESS than 1 day hrs. OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in (Duration) 9 which employed (or employer) 9 BIRTHPLACE (State or country) Contributory. Secondary 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place in the OF MOTHER (State or country of death _____ yrs. ____ mos. ___ ds. State yrs. _ Where was disease contracted. THE ABOVE IS TRUE If not at place of death? Former or usual residence 19 PLACE OF BURJAL DATE OF BURIAL 15 , 1912 ADDRESS

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

'(a) Spinner, material worked on may form part of the second who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the msease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At schoot or At home. Care who receive a definite salary), may be entered as Housewife, Housework, or At-Homb, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day taborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. Grocciy; (a) Foreman, (b) Automobite factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is uee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mitl; (a) Satesman, "Foreman," (4)

Statement of cause of death—Name, first, the Insease causing neath (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemie ecrebrospinal meningitis"); Diphiheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia,", unqualified, is indefinite): Tuberculesis of lungs, anchinges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic LENT DEATHS state MEANS OF INJURY and qualify as mia," "Publiceral peritonitis," etc. State cause for Bronchopncumonia (seeoudary), 10 ds. Never report ample: Mcastcs (disease eausing death), 29 vatvutar heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and eonsequences (e. g., by carbotic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertuken. childbirth or misearriage as ete., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of "Puerperal septichae-



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STATE OF MARYLAND 1 PLACE OF DEATH County Ballyman CERTIFICATE OF DEATH Registration Dist. No., Village or City Marble Still fif death occurred in St .:....Ward) a hospital or institution. give Its NAME Instead of street and number.] FULL NAME Edgar allen PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 18 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE, MARRIEO, WIDDWED. (Month) (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH 20 (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at.... 1 day,....hrs. The CAUSE OF DEATH* was as follows: OR 7 narasme BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) ----9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE (Address) OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. (State or country 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death _____ yrs. ___ mos. ___ State ____ Where was disease contracted. If not at place of death? Former or usual residence DATE OF BURIAL

If more blanks are negued, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKE

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborerstatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Forcman," Farmer (retired 6 yrs.) For persons The (6)

Statement of cause of death—Name, first, the disease causing dearn (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";): Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

oma, Sarcoma, etc., of...... (name origin; "Cannant neoplasms); Measles; Whooping cough; Chronic which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgcmital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning, Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of

V. S. No. 1.

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Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT IS UNFADING INK-THIS WITH WRITE PLAINLY,

1 PLACE OF DEATH 9783	STATE OF MARYLAND
Balts 1/04	CERTIFICATE OF DEATH
County (Same	Registration Dist, No. 30
Village or City Mchester (No,	St: Ward) [If death occurred in a hospital or institution.
0 1 0	give its NAME instead of street and number.]
2FULL NAME Marshal &m	with
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH / +
WIDOWED.	(Month) (Day (Year)
male While (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	Oct 10, 1914, to Oct 11, 1914.
(Month) (Day (Year)	that I last saw h was alive on Oct 7 / 1911
7 AGE If LESS than	and that death occurred on the date stated above, at 12:30 4 m.
t day,hrs.	The CAUSE OF DEATH* was as follows:
yrs mos ds, OR min. ?	
(a) Trade, profession, or	Tholer on anleen
particular kind of work.	•••••
(b) General nature of Industry, business, or establishment in	(Duration) yrs mes 3 ds
which employed (or employer)	M1.
9B!RTHPLACE (State or country)	Secondary Secondary
10 NAME OF	(Ouration) yrs mos ds.
FATHER HOLIONAL STATE	(Signed) / M. D.
0 11 BIRTHPLACE	Oct 11, 1914 (Address) Eller City med
State or country) masselana d	*State the Disease Causing Death, or, in deaths from Violent
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
a Virginia Insorpson	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE	At place In the
(State or country) Unglinia	of death yrs mos ds. State yrs mos ds Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death?
(Informant) Houard Smith	Former or usual residence
(Address) loberty	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	Savage In & lemety let 12 1914
51100 Oct 12 1014 Markall Blust	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

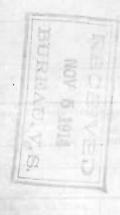
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[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. mme, etc. statement. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question (a) Spinner, essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Laborer-Coal As examples: (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canetc., when a definite disease can be ascertained as the ample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maliginjury, as fracture of skull, and consequences (e. g., which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerreral septichaecause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asture of the American Medical Association. sepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) (Recommendations on statement of For vio-



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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. 3 St.:....Ward) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, Processor 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE (Month) (Write the word) HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day) It LESS than 7 AGE and that death occurred on the date stated above, at 10 0, m. 1 day,hrs. The CAUSE OF DEATH * was as follows: OR min. ? SOCCUPATION (a) Trade, protession, or Moul particular kind of work. (b) General nature of industry, 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER ö 11 BIRTHPLACE Lowans ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS 0 OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death yrs. mas. ds. State yrs, Where was disaase contracted. See It not at place of death? Former or usual residence. mportant. 19 PLACE OF BURIAL 15 UNDERTAKER REGISTRAR If more blanks are needed, address State Regis trar, 6 F Franklin St., Balto., Requesting V. S. No. 1.

[If death occurred in

a hospital or institution.

give its NAME instead of street and number. 3

DATE OF BURIAL

ADDRES



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement essary to know (a) the kind of work and also (b) who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. statement. material worked on may form part of the second it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Inary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid diseasen); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF as probably mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage. as "Puerperal scottchac--figart fallure," "Haemorrhage," "Inanition," "Maras ture of the American Medical Association.) cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. For vicetc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... "Contributory." by carbolic acid-probably suicide. The nature of the mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent "Old Age," "Shock." 'l'raemia," "Weakness," Always qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of "Dropsy," "Exhaustion," __ (name origin; "Candeath), 29 ds.: Examples: 10



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SICIANS should OCCUPATION IS RECORD PERMANENT classified. THIS properly UNFADING DEATH o Item OF mportant. Every It 8

state certificate, of back instructions See

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No [it death occurred in St.:....Ward) a hospital or institution. give its NAME instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED, (Day Write the word) (Month) (Year) I HEREBY CERTIFY, That I attended deceased from (Year) (Month) (Day 7 AGE It LESS than and that death occurred on the date stated above, at. f dayhrs. OR 7 8 OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in which amployed (or amployer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, the deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE OF MOTHER (State or country) At place In the Where was disease contracted. If not at place of death? usuai residence DATE OF BURIAL 15 20 UNDERTAKER ADDRESS 502 6 north REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1,

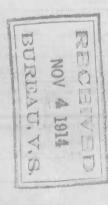


[Approved by U. S. Census and American Public Health Association.]

cated thus: of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, ctc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcausing nearth, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using aiways the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Convalvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion, mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory Aiways qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for Never report



PLACE OF DEATH	STATE OF MARYLAND
County Battimore /2	CERTIFICATE OF DEATH
	Registered No.
Village or City Jovans (No	St; Ward) [It death occurred in a hospital or Institution, give its NAME instead
2 FULL NAME DElia M. Ste	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female While (Write the word)	16 DATE OF DEATH Och 3 ml (Day), 1914 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
Month) (Day) (Year)	that I last saw here allow on Deh 2nd 1914
7 AGE If LESS than	and that death occurred on the date stated above, at 3 A m.
1 day,hrs. 1 day,hrs. 2 ds. ORmin.?	The GAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, protession, or Housewife particular kind of work	Brights Desease
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs. 6 mos. ds.
BIRTHPLACE (State or country) Ireland	Contributory (Secondary) (Duration) / yrs mos ds
10 NAME OF Thomas Journ	(Signed) Ell Demean M. D.
11 BIRTHPLACE OF FATHER (State or country) M 12 Maiden Name OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, OF, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
of Mother Instruction	TAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or Recent Residents) At place In the of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(informant) Lowe E. Steel	Former or usual residence
(Address) Trous Ind	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed let 4 1914 Claved Sources	20 on dertaken Address
REGISTRAR	

· [Approved by U. S. Census and American Public Health
Association.]

it should be used only when needed. As examples: cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of iliwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers cases, especially in industrial employments, it is nec-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; first line will be sufficient, e. g., Farmer or Planter, mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, Irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman," (6)

Statement of cause of death--Name, first, the disease causing death with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenclature of the American Medicai Association.) "Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viochildbirth or miscarriage. as "Purperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genitai," "Senile," etc.), "Dropsy," "Exhaustion," Accidental drowning; Struck by railway train-acci-"Heart fallure," "Haemorrhage," "Inanition," "Maras-"Coilapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ampie: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mally oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can-State cause for Examples:



N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Gounty Dutting 9787 704	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or Gity Govans (No. 9) 2 FULL NAME Mary Sanf	Registered No. Ideath occurred in a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day) (Year) 16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH Month) (Day) (Year)	that I last saw her allve on Och 20, 191 (
TAGE If LESS than 1 day,hrs. ORmin.? Coccupation (a) Trade, profession, or P. L. J.	and that death occurred on the date stated above, at
particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLAGE (State or country)	Gontributory Addition yrs mos 3. Wire (Secondary)
11 BIRTHPLACE OF FATHER OF FATHER 12 MAIDEN NAME OF MOTHER OF MOTHER 12 MAIDEN NAME OF MOTHER	(Signed) SVAUQ , M. D. 10 20 , 1914 (Address) 501 Fraudium He *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of Mother ally Adarus 13 BIRTHPLACE OF MOTHER (State or country) Va	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs mos ds.
Informant, Information, Infor	Where was disease contracted, If not at place ot death? Former or usual residence
16 File Oct 2187, 191 4 Claux Junes REGISTRAR	DATE OF BUBIAL OR REMOVAL DATE OF/BURIAL OF 20 UNDERTAKER ADDRESS MALEANIS OF EMOVAL ADDRESS MALEAN
if more blanks are needed, address State Registrar	c, 6 E. Franklin St. Balts., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Groccry; (a) Foreman, (b) Automobile factory. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from husiness, that fact may be indi-CAUSING DEATH, state occupation at heginning of illof persons engaged in domestic service for wages, as should he taken to report specifically the occupations duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second it should he used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. been changed or given up on account of the nisease gainfully employed, as At school or At home. who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the DIBEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal Icver (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid Jever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc..

such, if impossible to determine definitely. childbirth or miscarriage, as "Purpreral septicharetc., when a definite disease can be ascertained as the ture of the American Medical Association.)cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., dent; Revolver round of head-homicide; Potsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Ileart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Dehility" ("Conthenia." "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Meastes (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. oma. Sarcoma. etc., of The contributory (secondary or intercurrent) tctanus) may he stated under the head Always qualify all diseases resulting from "Scnile," etc.), "Dropsy," (Recommendations on statement of (name origin: "Candeath), 29 "Exhaustion," Never report Examples: For vio-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

County Baltinine 9788	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City Mt Melsone (No	St.; Ward) St.; Ward) Abspital or institution, give its NAME instead of streef and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
"SEX 4 COLOR OR RACE MARRIED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, Wille the word)	16 DATE OF DEATH OCHOR 134, 1914 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
7 AGE (Month) (Day) (Year) 7 AGE (J / yrs. // mos. 4 ds. ORmin.?	that I last saw h in alive on Och the 13, 1914, and that death occurred on the date stated above, at 12, m. The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Frade, profession, or foreman particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER DRAGE Sullevan 9 11 BIRTHPLACE	Contributor Lundago) - Daletilo J. rt. le q (Secondary) (Duration) yrs mos ds. (Signed) - Contributor Lundago) - Daletilo J. rt. le q (Secondary) (Duration) yrs mos ds. (Signed) - Contributor Lundago J. M. D. Och, 14, 1914 (Address) Pulesville, lundago J.
OFFATHER (State or country) Carroll Co Md 12 MAIDEN NAME OF MOTHER Aruse Warner 13 BIRTHPLACE OF MOTHER (State or country) Carroll Co Md 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) MS GLO Sullivace	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Af place in the of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence.
Filed Och 1977, 191 And May By Registran Registran State Registra	St Relfrences Cen Och 16, 191 4- 20 MADERTARER Slower Westmust

[Approved by U. S. Census and American Public Health
Association.]

tion is very important, so that the relative meaithfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutles of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) If retlred from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Gerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum,

such, if impossible to determine definitely. Examples: ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Coliapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malls oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Candeath), 29 ds. State cause for "Exhaustion,"



		N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
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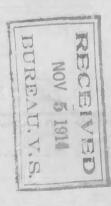
County Bullo Count	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [if death occurred in a hospital or institution, give its MAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temale White Single, Married or Wiscower, Or Write the word)	16 DATE OF DEATH October 9, 191 (Year) 17 I HEREBY CERTIFY, That I attended deceased from
TAGE JAMES	that I last saw he allve on Del 28, 1917, and that death occurred on the date stated above, at 7.15 m.
Toccupation (a) Trade, protession, or particular kind of work. Description of work.	The CAUSE OF DEATH* was as follows:
(b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	Contributory Dephasia 2
10 NAME OF FATHER John Tottzka 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 2	(Signed) Marker Follows, M. D. (Signed) Marker Follows, M. D. (Signed) Marker Follows, M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs. mos. 4s. State yrs. mos. ds
(Interment) Patient Du assenzasion	Where was disease contracted, If not at place of death? Former or usual residence 257 Hilliann 07
16 Filed Oct 29, 1914 Claud Smiris	20 UNDERTAKER DATE OF BURIAL DATE OF BURIAL DATE OF BURIAL ADDRESS
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

eated thus: Farmer (retired 6 yrs.) For persons statement. cases, especially in industrial employments, it is uec-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of ago. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucisis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclamia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection ueed not be stated unless important. valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. is less defiuite; avoid use of "Tumor" for malig-The eontributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," cte.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report For vio-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1.

PLACE OF DEATH 10454	STATE OF MARYLAND
County Vallo	CERTIFICATE OF DEATH Registration Dist. No. 3
Village or City Chattolanelino. /	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, DRDIVORCED OR DIVORCED (Write the word) 6 DATE OF BIRTH (Month) (Day (Year)	16 DATE OF DEATH (October (Month) 3 / (Day (Year)) 17 I HEREBY CERTIFY, That I attended deceased from 1914, to Get 21, 1914 that I last saw here alive on Get 21, 1914
7 AGE If LESS than 1 day,hrs. ORmln.?	and that death occurred on the date stated above, at 6 m. The CAUSE OF DEATH* was as follows:
a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Ballocam Danese (State of Country) Ballocam Danese 11 BIRTHPLACE OF FATHER	(Duration) 4 yrs mos ds. Contributory Lexika are greated as (Duration) yrs mos ds. (Signed) Ox H H Gas y below M. D. No. 3 1814 (Address) Common March 1814
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 16 Length of Residence (for Hospitals, Institutions, Transients, or Recent Residents) At place in the ot death yrs mos ds Where was disease contracted, it not at place of death? Former or usual residence.
(Address). 15 Filed 2167. 3-191 4 HFm G. Manker REGISTRAN If more blanks are needed, address State Regist	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ADDRESS PART Column Tar O E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-Groccry; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. tiou is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," uuquallfied, is indefinite): Tuberoulesis of lungs, meninges, peritonaeum, etc., Carcin-

LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig-"Contributory." etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal couditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenciascpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aceidental drowning; Struck by railway train-aceisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viochildbirth or miscarriage as "Puenpenal septichae-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senlle," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Sarcoma, etc., of..... (name origin; "Can-The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," Never report



BINDING MARGIN RESERVED FOR

V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

PLACE OF DEATH	STATE OF MARYLAND
Balli (169	CERTIFICATE OF DEATH
County	Registration Dist. No. 47
Village or City Bradohew (No	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
Male white opposed (Write the word)	(Month) (Day) (Year)
DATE OF BIRTH	
suffer wir	, 191 , to , , 191 .
(Month) (Day) (Year)	that I last saw h
AGE It LESS than 1 day,hrs.	and that death occurred on the date stated above, atm,
70 yrs. U mos. ds. OR min.?	The CAUSE OF DEATH* was as follows:
OCCUPATION	socidental deute
(a) Trade, profession, or particular kind of work	My dronouis
(b) General nature of Industry,	19drowing
business, or establishment in which employed (or employer)	(Ouretion) yrs. mos. ds.
	Contributory (Secondary)
(State or country) Hullion	
10 NAME OF	(Duretlon) yrs. mos. ds.
FATHER MULLINGER	(Signed) July M. O.
11 BIRTHPLACE	, 191 (Address)
OF FATHER (State or country) WIT / RUSINGE	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
E 12 MAIDEN NAME	TAL, SUICIDAL, OF HOMICIDAL,
a running in-	DE LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)	at place in the ot death yrs: mos ds. State yrs mos ds
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
Jun Harren Jum	It not at place of death?
(Informant)	usual residence
(Address) Bradoland Land Med -	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	Jalen M. E. Clin, 6-9- 12, 1914
Filed Deg- 8 1914 A. F. L. Marie Comment	20 UNDERTAKER ADDRESS
REGISTRAR	Darak Darroldon 12 retition
If more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. 8, Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-('oal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative Bealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has Farmer or Planter, As examples:

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease), and pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause. Always qualify all diseases resulting from cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage. as "Puraparal scotichaemus," "Old Age," "Shock." genital," ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," ample: Mcastes (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nophritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of _ mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report The contributory "Senile." etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," "Traemia," "Weakness," (name origin; "Can Examples:



V. S. No. 1.

PHYSICIANS PERMANENT UNFADING certificate. 0 back See instructions plai DEAT 0 10 mportant. Every It

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No Tif death occurred to a hospital or institution. give its NAME instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH MARRIED, UL WIDOWED, (Day (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from (Day (Year) If LESS than and that death occurred on the date stated above, at t day,.....hrs. The CAUSE OF DEATH* was as follows: OR 7 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which amployed (or amployer) Contributory 9 BIRTHPLACE (State or country) (Duration) 10 NAME OF FATHER 11 BIRTHPLACE PARENT OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death yrs. mos. ds. State _____ yrs_ ___ mos. Where was disease contracted. 14 THE ABOVE IS TRUE TO if not at place of death?. Former or usual residenca. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAR ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, & E. Frynklin St., Baito., Requesting V. S. No. 1.



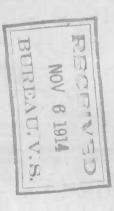
[Approved by U. S. Census and American Public Health Association.]

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additional line is provided for the latter statement; ness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeeper's mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," The (b)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

ample: Measles (disease causing death), 29 ds.; iffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, uant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cancanse of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e.g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF 110MICIDAL, OF as probabby LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the mns," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanitlon," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



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WRITE FLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA important. See instructions on back of certificate.
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STATE OF MARYLAND Registered No. Ilf death occurred in a hospital or Institution. give its NAME instead of street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 18 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED, Marzell WIDOWED, ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day,hrs. The CAUSE OF DEATH * was as follows: OR ? 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (Secondary) (State or country) nnav 10 NAME OF FATHER 11 BIRTHPLACE ENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-ARE 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted. If not at place of death? Former or usual residence DATE OF BURIAL 20 UNDERTAKER ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

-(a) Spinner, (b) Cotton mill; (a) Salesman, cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of iilshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

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3 SEX 8 DATE OF BIRTH 7 AGE BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employor) certificate. 9 BIRTHPLACE (State or country) ENT AR

10 NAME OF FATHER

11 BIRTHPLACE

OF FATHER (State or country)

12 MAIDEN NAME

13 BIRTHPLACE OF MOTHER (State or country)

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RECORD

9793 1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No.

[If death occurred in a hospifal or institution. give its NAME instead of street and number.]

			2/100	1-
FULL	NAME	***************************************	0 0 7	

5 SINGLE,

MARRIED. WIDOWED,

ORDIVORCED (Write the word)

13

(Day)

PERSONAL AND STATISTICAL PARTICULARS

(Month)

4 COLOR OR RACE

S	MEDICAL CERTIFICATE OF DEATH
9-6	16 DATE OF DEATH (Month) (Day) (Year)
)	17 I HEREBY CERTIFY, That I attended deceased from
., 19/4. (Year)	that I last saw halive on
If LESS fhan 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at m. The CAUSE OF DEATH* was as follows:
	(Duration) yrs. mos. ds.
)	Contributory (Secondary)
9/	(Signed) Frank & Foully coroner. (Signed) Frank & Foully coroner. (Signed) La Coroner. (Signed) La Coroner.
9	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
91-	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
OGE	Where was disease contracted, If not at place of death? Former or usual residence.
11-	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
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If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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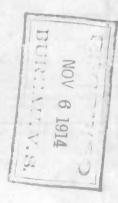


[Approved by U. S. Census and American Public Health Association.]

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PERMANENT certificate. 0 See Instructions DEAT OF mportant. Every It

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Balt immen Registration Dist. No If death occurred in St .: Ward) a hospital or institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 18 DATE OF DEATH MARRIED. WIDOWED, ORDIVORCED (Write the word) (Month) (Day (Year) TAGE If LESS than 1 dayhrs. The CAUSE OF DEATH* OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE (Address) OF FATHER *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 13 BIRTHPLACE At place OF MOTHER (State or country State yrs. mos. yrs. mos. _ ds. Where was disease contracted. If not at place of death?. usual residence DATE OF BURIAL 15 20 UNDERT REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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PLACE OF DEATH 9795	STATE OF MARYLAND
Batta (151)	CERTIFICATE OF DEATH
County Navion	5 9
1 0 1	Registration Dist. No.
Village or Citylear Bowing (No. //)	St.; Ward) [It death occurred in
	a hospital or institution,
941- The of O	at street and number ?
FULL NAME IMfant Son of El	den B- mary B walter
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH COOL
male white (white the word)	(Month) (Day (Yen
	17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	(1) 4th 1911, to OPX The 1914
(North) 4 , 1/94	that I last saw here alive on Def 5th 191 k
(Month) (Day (Year) AGE (Honth) (Day (Year)	
1 dayhrs.	and that death occurred on the date stated above, at
yrsds. ORmin. ?	The CAUSE OF DEATH* was as follows:
6 OCCUPATION	- Ourulaions
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(b) General nature of industry,	
business, or establishment in which employed (or employer)	(Ouration) xyrs xmos 2/ds.
9 BIRTHPLACE 11	Contributory (Maritary) della ica
(State or country) Matthe Ca Mad	Secondary
10 NAME OF	(Ouration) yrs mos ds.
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O 11 BIRTHPLACE	(Of Kt. 191 1.1 (Address) Reporters to
State or country) Ballo Co Incl	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
11 BIRTHPLACE OF FATHER (State or country) Ballo Co Incl 2	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLETT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
a OF MOTHER MANY B WEST	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPRACE ATTO A TO CO	OR RECENT RESIDENTS) At place in the
(State or country) Tould Lo Inc	of death yrs mos ds. State yrs mos ds
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Bing Both (usual residence.
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16	In rauch llyniby Uch (, 191 4
Filed Ceb. 5 191 4 & & Suskale	20 UNDERTAMER TO G A ADDRESS
REGISTRAR	11 to College Hall

If more blanks are needed, address State Registrar, 6 E. Canklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of agc. tiou is very important, so that the relative healthful-Statement of occupation-Precise statement of occupamany occupations a single word or term on the If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," The (7)

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH County. Registration Dist. No. Ilt death occurred in .Ward) a hospital or institution. give its NAME instead ot street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED, WIDOWEO. (Month) (Day) (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Year) (Month) (Day) It LESS than 7 AGE and that death occurred on the date stated above, a 1 day,hrs. The CAUSE OF DEATH * was as follows: OR... min. ? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE K OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT Ш CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. AR 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) ot death yrs. mos. ds. State Where was disease contracted. It not at place of death? Former or usual residence. DATE OF BURIAL 15 20 UNDERTA ADDRESS YXL MBduer If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

Grocery; (a) Foreman, (b) Automobile factory. cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement the nature of the business or industry, and therefore ar who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal statement. material worked on may form part of the second it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Aealthful-Mousewife, Housework, or At Home, and children, not (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, If the occupation has Farmer or Planter, As examples:

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinoscia

"Contributory." mia," "PUERPEBAL peritonitis," etc. mus," "Old Age," "Shock," 'Traemia," "Weakness," genitai," cause of death approved by Committee on Nomencla scpsis, tctanus) injury, as fracture of skuil and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. childbirth or miscarriage, as "Puerpunal septichaectc., when a definite disease can be ascertained as the -Heart failure," "Haemorrhage," "Inanition," "Maraa-"Collapse." "Coma," "Convulsions," "Deblity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 da.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritim ture of the American Medical Association.) dent; Revolver wound of head-homicide; Polsoned LENT DEATHS State MEANS OF INJURY and qualify as mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report nant neopiasms); Measles; Whooping cough; Chronic oma. Sarcoma, etc., of _ is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-State cause for Examples:



STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH 8 should OCCUPATION Registration Dist. No. PHYSICIANS [If death occurred inWard) a hospital or institution. RECORD give its NAME instead ot street and number. 1 0 statement PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH PERMANENT 3 SFY 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. BINDING WIDDWED. (Day (Year) ORDIVORCED (Write the word) (Month) attended deceased from DATE OF BIRTH (Mooth) (Day (Year) 7 AGE If LESS than 0 and that death occurred on the date stated above, at 00 1 day hrs. The CAUSE OF DEATH * was as follows: OR min. ? properly BOCCUPATION (a) Trade, profession, or 0 NX particular kind of work ESERVE supplied. pe (b) General nature of Industry, business, or establishment in UNFADING may which employed (or employer) Contributory (State or country) Secondari that case 10 NAME OF FATHER (Signed) 50 ARGIN back PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain Instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS = 13 BIRTHPLACE At place OF MOTHER (State or country) of death yrs. mos. State yrs. _ ds. WRITE Where was disease contracted. If not at place of death?.. OF DE Former or OF usual residence. Important. Every Ite 15 20 UNDERTAKE AODRE 00 If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers .Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the disease gainfully employed, as At school or At home. Care (a) Spinner, Statement of occupation-Precise statement of occupamany occupations a single word or term on the If retired from business, that fact may be indi-Never (b) Cotton mill; (a) Salesman, (b) return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causino death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

uant neoplasms); Measles; Whooping cough; Chronie cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can valvular heart disease; Chronie interstitial nephritis. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerpenal septiehaeetc., when a dcfinite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemla." "Weakness," Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of "Dropsy," "Exhaustion," State cause for Never report



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN

No. 1.

PLACE OF DEATH 9798	STATE OF MARYLAND		
Cont	CERTIFICATE OF DEATH		
Gounty	Registered No.		
	[If-death occurred in		
Village or City (No	St; Ward) a hospital or lostitution,		
D. (2)	give its NAME Instead of street and number.]		
FULL NAME TWE TOWN W.	Mous		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
SEX 4 COLOR OR RACE 5 SINOLE,	16 DATE OF DEATH		
WIDOWED. Tuel.	(Month) (Day) (Year)		
(Wiste the word)	17 I HEREBY CERTIFY, That I attended deceased from		
DATE OF BIRTH	, 191, to, 191, 191,		
(Month) (Day) (Year)	that I last saw h		
7 AGE (Month) (Day) (Tear)			
1 day, O.hrs.	and that death occurred on the date stated sboye, stm,		
yrs. o mos. o ds. or min.?	The CAUSE OF DEATH # was as follows:		
6 OCCUPATION	July From Mut.		
(a) Trade, protession, or particular kind of work	Rever treather with with		
(b) General nature of industry,			
business, or establishment in which employed (or employer)	(Doration) yrs mos. cs.		
BIRTHPLACE (State or country)	Centributory(Secondary)		
(State or country) involumble - ms.			
10 NAME OF	(Orrestion) yrs mos ds.		
FATHER John Williams	(Signed)		
11 BIRTHPLAGE	Ot rit , 1914 (Address) Italeutur p m.		
(State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Acciden-		
Coffather (State of country) 12 Maiden Name OF Mother A	TAL, SUICIDAL, OF HOMICIDAL.		
a traves vuller	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)		
13 BIRTHPLACE OF MOTHER (State or country)	At place / In the		
	of death yrs mos ds. State yrs mos ds. Where was disease contracted.		
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death?		
(Informant)	Former or usual residence		
Keen - ms.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL		
(Address)	Home Place Och 7 1014		
out oct. 7 m 4 / Vinelal.	20 UNDERTAKER ADDRESS		
REGISTRAR	1 - William Ree.		
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.			

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations minc, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers additional line is provided for the latter statement: Civil engineer, Stationary fireman, etc. who have no occupation whatever, write None. heen changed or given up on account of the nisease gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specinaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-(b) Cotton mill; (a) Salcsman, Farmer or Planter, But in many For persons

Statement of cause of death—Name, first, the dibeable causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrcbrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionacum, etc.. Carcin-

"Collapse." "Coma," "Convuisions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Tuerperal peritonitis," etc. childbirth or miscarriage, as "Puerperal septichac etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of _______ (name origin; "Cancer" is less definite; avoid use of "Tumor" for mails. The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) State cause for Examples: For vie-



V. S. No. 1.

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9799



Com Coloral Ballinore	CERTIFICATE OF DEATH	
County 40 to all valumore	, 11	
Village or City leolgato (No. St.; Ward) St.; Ward) Full Name Serry Gockel Registration Dist. No. [If death occurred is a hospital or justitution, give its NAME instead of street and number.]		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Male While (Write the word)	(Month) (Day (Year)	
6 DATE OF BIRTH Au. 284, 1841 (Month) (Day (Year)	that I last saw h slive on Q 10 1914	
7 AGE 7 3 yrs 9 mos 12 ds OR min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:	
(a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, ur establishment in which employed (ur employer)	(Buration) yrs mos 2 is.	
10 NAME OF GENTLE HE YOCKEL	Contributory Secondary (Doralion) yrs mos ds. (Signed)	
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ot death yrs, mos. ds. State yrs, mos. ds. Where was disease contracted,	
(iotormant) Alss Pan (Clervein	if not at place of death?————————————————————————————————————	
Fligo Det. 11, 181 Let. M. Claustine REGISTRAS	Mational Com. Och 12, 1914 Dander Horn 1/0/Calst	
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.		

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eated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm labor , Laborer-Coal Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as "Manager," "Dealer," etc., without more precise specistatement. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) eases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," (6)

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injury, as fracture of skull, and eonsequences (e. g., LENT DEATHS STATE MEANS OF INJURY and qualify as acceleratal, suicidal, or homicidal, or as probably mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shoek," "Uraemia," "Weakness," genital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenela-"Contributory." sepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine defiritely. Examples: which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion, (Recommendations on statement of Never report



S. No. 1.

County Ballemon	1 (2-8	CERTIFICATE O	F DEATH
2/ -0/	1 1/-	Registration Dis	st. No. 4/
Village or City Hoghica	endlara (No. 350	o deyrtle placest; Ward	[If death occurred a hospital or Institutio give its NAME Instead of street and number.]
2FULL NAME	Carl A-	Lieman	or stieds did nomest.
PERSONAL AND STAT	TISTICAL PARTICULARS	MEDICAL CERTIFICATE O	F DEATH
Male White	AGE MARRIED, Marved orbiverce (Write the word)	(Month)	(Day (Year)
DATE OF BIRTH	us 7 189)	Oct 9 14 191 to Oct	
⁷ AGE	Onth) (Day (Year)	that I last saw h Lee alive on Cal	7.30, 1914
23	6) / x t day,hr	The CAUSE OF DEATH was as follows:	above, at
8 OCCUPATION	rkenter		mrhaze.
which employed (or employer)	nal Carpenter work	(Duration)	<_yrs. > mos. 8
9 BIRTHPLACE (State or country)	Pa	Secondary Mulastrary	
10 NAME OF Chan	les Sieman	(Signed) as (Buration)	yrs X mos X
BIRTHPLACE OF FATHER	War war and	(Address) 248	So Flind
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	ti Gal	*State the DISEASE CAUSING DEATH, or CAUSES, state (1) MEANS OF INJURY; at TAL, SUICIDAL, or HOMICIDAL.	
13 BIRTHPLACE OF MOTHER (State or country)	Germany	18 LENGTH OF RESIDENCE (FOR HOSPITALS OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State	, INSTITUTIONS, TRANSIEN
4 THE ABOVE IS TRUE TO THE	BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?	
(Informant) Le Marles	Lieman.	Former or usual residence	
(Address) - 10 Af	29/10/11	19 PLACE OF BURIAL OR REMOVAL	Oct 20 191
Filed 19, 191/19	Mallallau	20 UNDERTAKEAS	2008 aleans
11 more bla	101.0	sister, 6 E. Franklin St., Balto., Requesting V. S	

STATE OF MARYLAND

9800

1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing dearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid dieumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carein-

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STATE OF MARYLAND Very CERTIFICATE OF DEATH PHYSICIANS should of OCCUPATION IS Registration Dist. No. Ilf death occurred in a hospital or lostitution. RECORD give its NAME instead of street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS statement EXACTLY. 16 DATE OF DEATH S SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, BINDING ORDIVORCED
(Write the word) (Month) (Day) I HEREBY CERTIFY, That J attended deceased from 6 DATE OF BIRTH classified. (Day) (Year) (Month) pe 7 AGE if LESS than and that death occurred on the date stated above, at pinous C 1 dayhrs. The CAUSE OF DEATH* was as follows: properly BOCCUPATION (a) Trade, profession, er ESERVED particular kind of work. (b) General nature of industry, supplied. pe business, or establishment in ADING may which employed (or employer) Contributory... 9 BIRTHPLACE (Secondary) (State or country) certifica that 10 NAME OF FATHER 80 of MARGIN pe back 11 BIRTHPLACE terms, ENT (State or country) should *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-5 AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. piain OF MOTHER Instructions Information 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE ٥ At place in the OF MOTHER (State or country of death _____ yrs. ____ mos. ____ ds. EATH State yrs, ___ mcs. Where was disease contracted. if not at place of death?... 50 Former or OF Item usual residence. mportant. Every It DATE OF BURIAL OR REMOVAL 15 ADDRESS M REGISTRAR If more bianks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers cated thus: Farmer (retired 6 yrs.). For persons causing death, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite saiary), may be entered as "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative leaithful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencia "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vicmia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL scptichac etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis uant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of The contributory (secondary or intercurrent tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," (name origin; "Can State cause for "Exhaustion,



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e carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state so that it may be properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT UNFADING INK-THIS IS See Instructions on back of certificate. WRITE PLAINLY, WITH -Every Item of Information should be CAUSE OF DEATH in plain terms, s important. See instructions on back o

9802 PLACE OF DEATH STATE OF MARYLAND

County Dallinson	CERTIFICATE OF DEATH Registration Dist. No.
Village or City Hame Eva Zink	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fine 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED, OR OLOROGEO (Write the word)	16 DATE OF DEATH Och. 23d, 1914 (Month) (Day (Year)
DATE OF BIRTH JUNU 12 th (Month) (Day (Year)	that I last saw h.l. alive on Oct 23d 1914
TAGE 1 LESS than 1 day,hrs. 0Rmin.?	and that death occurred on the date stated above, at 1030 d m The CAUSE OF DEATH* was as follows: Cerebral Harmonhage
particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Revious Stroke of parely size
11 BIRTHPLACE OF FATHER (State or country) Germany 12 MAIDEN NAME D.	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) Germany	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OF RECENT RESIDENTS) At place in the of death yrs ds. State yrs mos ds Where was disease contracted

If not at place of death?

usual residence

DATE OF BURIAL ..., 1914

20 UNDERTAKER

ADDRESS

If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

Honewstont

[Approved by U. S. Census and American Public Health Association.]

applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulgainfully employed, as At school or At home. Care dutics of the household only (not paid Housekeepers material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: cases, especially in industrial employments, it is nec-For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return . "Laborer," (b) Cotton mill; (a) Salcsman, (a) the kind of work and also (b) Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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